Public confidence
in veterinary regulation

Jurisprudence Examination
Candidate Resource Guide

CVO
College of Veterinarians of Ontario

February 2024

Introduction

Successfully completing the College's Jurisprudence Examination (exam) is a requirement to obtain a General, Restricted, Academic or Postgraduate and Resident licence.

In conjunction with other licensing requirements, the exam is used by the College to verify the readiness of applicants to practice veterinary medicine, in a safe and professional manner, in Ontario by evaluating their ability to apply the Ontario legislative framework governing veterinarians (including legislation, regulations, practice standards, policy statements and position statements).

The exam provides assurance that applicants at point of entry have a sound level of understanding of the legislative framework that is in place to reduce the risks that exist in veterinary practice and the privileges, responsibilities and obligations associated with licensure and public protection.

Content

The exam is based on a blueprint that has been approved by the College's Council. The exam assesses an applicant's knowledge and understanding of four domain areas: regulatory environment, professional practice, practice operations and clinical practice. Each domain covers core jurisprudence topics applicable to all licensed veterinarians practising in Ontario. Questions include situations relevant to all areas of practice, including companion animals, food producing animals, herd health and equine.

Candidates should review this exam blueprint to understand the key topic areas that will be tested and the relative weight of each topic area. Candidates should study the resources guide to reinforce understanding of key topic areas. Experience applying the legislation in practice is also helpful in preparing for the exam. Candidates are expected to be able to apply the standards in real life situations.

A. Regulatory environment (12.8%, 14 questions)

Demonstrates understanding of and keeps current on College processes.

	Topic	Items
1	College role and function	3
2	Accredited facilities	3
3	Licensure	4
4	Mandatory reporting	4

B. Professional practice (24.5%, 27 questions)

Makes decisions consistent with the best interest of clients and patients.

	Topic	Items
5	Code of Ethics	4
6	Patient quality of life	4
7	Veterinarian-Client-Patient Relationship	4
8	Conflict of interest	3

9	Steering	3
10	Informed consent	5
11	Sphere of competence	4

C. Practice operations (23.6%, 26 questions)

Manages practice operations to protect best interests of clients and patients.

Topic		Items
12	Record keeping	4
13	Confidentiality and privacy	4
14	Sale of non-drug products	3
15	Delegation	4
16	After-hours care and access to emergency services	4
17	Telemedicine	3
18	Controlled substance management	4

D. Clinical practice (39.1%, 43 questions)

Performs veterinary medicine within the scope of currently accepted standards.

Topic		Items
19	Euthanasia	4
20	Rabies vaccinations	4
21	Pain assessment and management	5
22	Dentistry	4
23	Diagnostic lab testing	4
24	Forms of energy	4
25	Medically unnecessary surgery	3
26	Provision of services to wildlife	2
27	Humane animal handling	5
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Study Resources

This Jurisprudence Examination Resource Guide has been developed to assist applicants with preparing to write the exam. The exam assesses your ability to apply the information in the Resources Guide to practice situations. The exam questions are scenario based and the answers to the exam questions will not be found directly in the Resources Guide.

The following is a list of resources (professional practice standards, laws, regulations, etc) that applicants should review to prepare for the exam. The resources have been organized into the related exam topics. This resource document will be electronically available to applicants during the exam.

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About the CVO

The College of Veterinarians of Ontario regulates the delivery of veterinary medicine in Ontario. All veterinarians practising in Ontario must be licensed by the College.

About the College of Veterinarians of Ontario

In serving the public interest, the College seeks to understand the risks involved in the practice of veterinary medicine and collaborates with partners to develop solutions which reduce the potential for harm to animals and people.

The College

The College licenses more than 5,300 veterinarians and accredits over 2,300 veterinary facilities in Ontario. The role and authority of the College is set out in the *Veterinarians Act* and regulations made under this legislation. The veterinary profession in Ontario has been regulated since 1877.

- Issues licences to qualified individuals
- Sets standards that support safe, quality veterinary care
- Inspects and accredits veterinary facilities to assure a professional environment
- Investigates and resolves concerns about a veterinarian and their practice
- Administers quality practice programs to promote continued competency and ongoing growth

Learn more about the College

On this page

Mission, Vision and Principles

Mission

Governing the veterinary profession in the public interest.

Vision

Public confidence in veterinary regulation.

Principles

In collaboration, we strive to be:

Transparent: Ethical, fair, clear and direct

Reliable: Competent, well-informed, evidence-based and adequately resourced

Relevant: Risk-aware, current, responsive and nimble

Independent: Mandate-focused and objective

Compassionate: Approachable, supportive and adaptable to context

Inclusive: Respectful of all voices, conscious of personal bias, open-minded and committed to learning

Accountable: Performance driven, impact oriented and publicly responsible

Video - Introduction to the College of Veterinarians of Ontario:

https://www.cvo.org/publications/introduction-to-the-college

* Please note that the hyperlink to the above video will not be accessible during the exam *

Video - A tour of the College:

https://vimeo.com/191196464

* Please note that the hyperlink to the above video will not be accessible during the exam *

In This Section

Council & Committees

The College Council regulates the practice of veterinary medicine in Ontario to protect the public interest. Committees support the work of the College Council.

The College's governing Council and its committees meet regularly throughout the year to make decisions concerning the College's policy work and initiatives which enable it to meet its mandate of protecting and serving the public interest. Council meetings are open the public.

Members of Council

Dr. Wade Wright, President (he/him)

Dr. Jessica Retterath, 1st Vice-President (she/her)

Ms. Catherine Knipe, 2nd Vice-President

Dr. Patricia Alderson

Dr. Claire Beauchamp

Dr. Lena Levison (she/her)

Dr. Clayton MacKay (he/him)

Dr. Alana Parisi

Dr. Sami Qureshi (he/him)

Douglas Reynolds (he/him)

Ms. Rena Spevack (she/her)

Dr. Louise Kelly (she/her)

Committees

Committees support Council's work. The College has five statutory Committees (required by legislation) and two non-statutory Committees (created by the College). Committees are established at the Annual Council Meeting in December and are made up of Council and non-Council Committee members. As well as policy work, certain Committees deal with matters related to the conduct of individual veterinarians.

Role of Council/Councillors

The Council regulates the practice of veterinary medicine in Ontario to protect the public interest. It is made up of 11 veterinarians from regions across the province, one academic representative, one representative of federally employed veterinarians and five public members appointed by the provincial government. Council members are elected for three-year terms and are expected to attend Council meetings and serve on a statutory committee. Council meetings are open to the public. The Council sets the College's strategic objectives and policy direction, while the College's staff, led by the Registrar and Chief Executive Officer, carries out the day-to-day operations of the College.

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Council & Committees



By-Election 2024



Profession-based regulation

FACT SHEET

The Complaints Process

Published: April 2022

Revised: December 2022

Introduction

The College of Veterinarians of Ontario regulates the delivery of veterinary medicine in Ontario. All veterinarians who practise in Ontario must be licensed by the College.

In serving the public interest, the College seeks to understand the risks involved in the practice of veterinary medicine and collaborates with partners to develop solutions which reduce the potential for harm to animals and people.

The College sets standards of practice and expects veterinarians to meet them. One of the College's responsibilities, as set out in the Veterinarians Act, is to investigate and resolve concerns about a veterinarian and that veterinarian's practice.

How does the complaints process start?

In order for the College to review and investigate complaints from the public, a complaint must be received from a complainant by the College in writing. The letter of complaint may be submitted by mail, fax or email and should clearly and precisely set out the following information:

- the name(s) of the veterinarian(s) being complained about (a complaint cannot be about a veterinary facility)
- the name of the veterinary facility
- a description of the problem
- an outline of the concerns or issues for the Committee to consider

- the dates on which the events occurred
- the name and contact information of anyone else who may be able to provide further information
- copies of invoices or other documentation that may aid the Committee in its review of the issues
- the name of the animal(s), if applicable
- the complainant's full name and mailing address

Are all letters of complaint forwarded to the Complaints Committee?

Letters of complaint are reviewed by the staff of the College. If appropriate, a staff member will suggest that the concern be resolved through the College's Mediated Resolutions Program (MRP). If the MRP is not desired by either party, or unsuccessful, then the matter is directed to the Complaints Committee.

For example, minor standards issues and/or miscommunication. Once the MRP is complete, it must go to the Committee for approval. All complaints must go before the Committee.

How is the complaint processed?

If not suitable for MRP, the matter is directed to the Complaints Committee. Staff begin to process the complaint by gathering information for the Complaints Committee investigation. The timeline for the completion of the complaints process from start to finish includes administrative processing, the investigation, meeting of the Committee and decision writing.

What does the investigation involve?

An investigation generally involves the following steps:

1. Each veterinarian named in the complaint is individually notified and provided a copy of the letter of complaint. At this time, the veterinarian is asked to forward a copy of the pertinent medical records, and provide the College with the names of staff members (auxiliary or professional) that may be able to provide further information.
2. The issues or concerns arising from the letter of complaint are summarized and forwarded to the complainant for confirmation.
3. When confirmed, the list of issues is forwarded to the veterinarian responding to the complaint. The veterinarian is asked to submit a written response.
4. Witnesses identified by the complainant or the veterinarian(s) named in the complaint are contacted, and written or recorded statements are gathered.

5. A copy of the Record of Investigation (i.e. copies of all materials to be presented to the Complaints Committee for an investigation) is sent to both parties, once all information pertaining to the file is collected.

Third-party complaints

Due to privacy concerns, the College requires written authorization from the owner or person whose name is on the medical records, to allow the third-party complainant to be privy to the information gathered by the College.

What happens if other veterinarians are involved?

Other veterinarians involved in the treatment of the patient may be asked for their comments and copies of their records for the Committee to review.

What is the next step?

The entire investigative file is forwarded to the members of a panel of the Complaints Committee.

Who are the members of the Complaints Committee?

The Committee consists of up to ten members, nine of whom are practicing veterinarians. The other individual is a public member appointed by the provincial government. The Committee meets in panels consisting of five or six members, which always include the public member.

How does the Complaints Committee function?

The Committee reviews between twelve and fifteen new cases at each panel meeting. Fourteen to sixteen panel meetings are held each year. Most cases are considered in a single meeting, but some are deferred in order to request further information, including expert advice in some cases.

What decisions can the Committee make?

Possible decisions include:

- The Committee has no concerns with the veterinarian's actions or conduct and will take no further action.
- The Committee has some concerns with the veterinarian's actions or conduct which it feels can be addressed through education or advice.

- The Committee has very serious concerns and has referred the case for a hearing of the Discipline Committee.
- The complaint was frivolous, vexatious made in bad faith or for an improper purpose and is otherwise an abuse of process.

The decision and reasons of the Committee is prepared in writing and sent to the complainant(s) and the responding veterinarian(s) following the decision. Decisions are not provided over the telephone by College staff.

Can the Complaints Committee award money or damages?

No, only the courts can do this.

What recourse is there if the complainant or the veterinarian is dissatisfied with the decision of the Committee?

There is an appeal mechanism available to either party through the Health Professions Appeal and Review Board. This Board, established by the provincial government and arms length from the College, reviews decisions of the Committee, when requested.

The Board determines whether the Complaints Committee's decision was reasonable and whether the investigation was adequate.

For more information about the Complaints process, please visit our website at: www.cvo.org

If you have any questions about the complaints process, please reach out to our Investigations and

Hearings team at complaints@cvo.org or call (519) 824-5600/1-800-424-2856 x 2403

A written statement of complaint may be submitted to:

College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd.,
Guelph, ON N1C 0B1
complaints@cvo.org

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

COMPLAINTS PROCESS

The vast majority of veterinarians in Ontario deliver high quality veterinary care. Only a small number of veterinarians end up with a complaint and possibly discipline action.

In governing the practice of veterinary medicine, the College of Veterinarians of Ontario (CVO) is dedicated to protecting the public interest. In fulfilling this mandate, the College is responsible for overseeing the professional conduct of licensed veterinarians practising in Ontario. The College receives, investigates, and acts upon all complaints made against its licensed members.

Participants:

- C — Client/Complainant
- V — Veterinarian
- CVO — College of Veterinarians of Ontario
- Committee of the CVO

Complaint
If a client has a concern about a veterinarian, he/she may choose to file a complaint with the College.



Investigation
During the investigation, both the client and veterinarian are asked by College staff to provide information concerning the case.



Complaints Committee
A panel of licensed veterinarians and a representative of the public, reviews and examines each case.



Mediated Resolutions Program (MRP)
With minor standards issues and/or miscommunication, the veterinarian and client are invited to participate in the MRP, a voluntary resolutions process that focuses on quality improvement and education. The result of the MRP is reviewed by the Complaints Committee.



Possible Outcomes

WITHDRAWN	FRIVOLOUS & VEXATIOUS (F&V)	NO CONCERNS	CONCERNS	SERIOUS CONCERNS

Close
Committee confirms withdrawal and case is closed.



Con rm
College staff determine at the outset if a case is F&V. This decision is confirmed by the Complaints Committee.



Appeal

Close
Case is closed.



Appeal

Advice
Committee gives written or verbal advice to the veterinarian.



Appeal

Remediation
Veterinarian agrees to complete an undertaking which includes education or training to address concerns.



Appeal

Referral
to Executive Committee if veterinarian fails to complete undertaking.

Discipline Hearing
If the Complaints Committee has serious concerns with the veterinarian's conduct, he/she is referred to Discipline Committee. A panel of three to five members, including one public member, determine whether the veterinarian is found guilty of professional misconduct. Discipline hearings are open to the public.



Appeals

An appeal process is available to both the client and veterinarian. Either party may request a review of a decision by an arms-length provincial board, the Health Professions Appeal and Review Board. The College provides the Committee's record of the investigation, which includes all the materials used to make the decision, to the Appeal Board.

POLICY STATEMENT

Facility Director – Accreditation

Definition and Responsibilities

Published: July 2022

Introduction

In Ontario, a veterinarian providing clinical care to animals is required to work from an accredited facility. The profession, through Facility Accreditation, ensures access to quality veterinary care in a safe and professional environment through regular inspections of veterinary facilities conducted by trained inspectors.

The accreditation process supports public confidence in the veterinary facility and enhances the quality of veterinary care by requiring that veterinarians review their facilities regularly to ensure they continually meet standards for quality and safety.

All accredited veterinary facilities are under the oversight of a licensed veterinarian who is the facility director. Facility directors are responsible for ensuring that veterinary facilities are operated in accordance with the facility standards established by the College Council.

Purpose

This policy statement has been developed to clarify the obligations and responsibilities of a facility director with respect to ensuring that an accredited veterinary facility is operating in accordance with the Veterinarians Act, its Regulations, and facility standards as established by the Council under section 8 of the Act.

Definitions

Accredited Veterinary Facility: A veterinary facility that has been granted a certificate of accreditation by the College which signifies that the veterinary facility is operating in accordance with facility standards.

Facility Director: The licensed veterinarian who applies for the certificate(s) of accreditation for a veterinary facility and declares to the College that they are responsible for the facility. The facility director may be an owner of the veterinary facility or a partner in the practice conducted in or from the facility, or a licensed veterinarian designated by the owner(s) or partner(s). The facility director must be engaged in the practice of veterinary medicine conducted in or from the facility.

Holder of a Certificate of Accreditation: The holder of a certificate of accreditation is the owner(s) of the veterinary facility or the partners in the practice conducted in or from the facility.

Facility Director Accountability

The facility director signs an undertaking which is submitted to the College and by doing so, the facility director is accepting the obligations, as outlined in this document, for the oversight of the accreditation of the veterinary facility.

Under a facility director's oversight, a facility is expected to meet all relevant accreditation standards for the duration of its certificate of accreditation.

Responsibilities of Holder of a Certificate of Accreditation

The holder of a certificate of accreditation must ensure the certificate of accreditation is posted visibly in the veterinary facility; or in the case of a mobile facility, makes the certificate of accreditation available for review upon request.

The holder of a certificate of accreditation is required to immediately notify the College, in writing, if any of the following events occur:

1. A change to the name of the veterinary facility.
2. A change in the type of species treated in or from the facility.
3. A change in the scope of veterinary services offered in or from the facility.
4. The relocation of the veterinary facility or of a stationary element of a facility with a mobile element.
5. A change in the identity of the facility director.
6. The facility no longer has any licensed veterinarian who would satisfy the requirements of a facility director as set out in paragraph 3 of subsection 11 (2) of Regulation 1093.

The College expects that the facility director will assist the holder of the certificate of accreditation in fulfilling these responsibilities.

Responsibilities of the Facility Director

The facility director will ensure only licensed veterinarians exercise control over or influence the clinical and professional aspects of the provision of services through the facility and that they maintain the standards of practice of the profession.

Where the facility director is unable to fulfil this role or in times of absence, (e.g., vacation), there must be an arrangement for another veterinarian to assume this role.

The facility director can delegate some responsibilities to capable licensed veterinarian(s) of their team. Having a facility accreditation team will help ensure that everyone is aware of how the veterinary facility is meeting the College's standards. Team involvement also encourages strong communication and collaboration throughout the accreditation process.

The facility director must be present at the veterinary facility to discuss the outcome of the accreditation inspection with the College's inspector.

In addition to any other duty set out in the Act, Regulations and facility standards, the responsibilities of a facility director in relation to facility accreditation include, but are not limited to:

1. ensuring the name of the facility director and their contact information are clearly and publicly displayed at the veterinary facility;
2. making all necessary applications for facility accreditation in a timely manner;
3. paying the facility accreditation fee and/or any other fees set out in the College by-laws;
4. facilitating the scheduling of an inspection and ensuring all staff and licensed veterinarians at the facility fully cooperate with and respond to all reasonable requests of an inspector;
5. being onsite and participating as needed in inspections;
6. promptly providing any records when requested by the College;
7. undertaking to correct any deficiencies noted at the time of an inspection within the specified timeline provided;
8. complying with any terms, conditions and limitations placed on the certificate of accreditation by the Accreditation Committee; and
9. ensuring that all veterinarians employed in the veterinary facility are appropriately licensed.

Registrar's Authority

Should the College receive information that indicates that a veterinary facility is not meeting its obligations with respect to the certificate of accreditation, the Registrar can cause an inspection of

a veterinary facility to determine if the facility is being operated under and in accordance with a certificate of accreditation and that the facility director is ensuring that the facility is meeting the regulations and the standards established by the Council under section 8 of the Act. (O.Reg.1093 section 17 and 50). In certain cases, the College may take steps to propose to revoke the facility's certificate of accreditation. (Veterinarians Act, section 18 and 36)

The College may also, in certain circumstances, begin an investigation into potential professional misconduct on the part of the facility director.

Legislative Authority

Veterinarians Act, R.S.O. 1990, c. V.3, s. 15, 18 and 36
R.R.O 1990, Reg, 1093: General, s. 10-15, 17, and 50 (Veterinarians Act)

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

Guide to Facility Directors – Accreditation of Veterinary Facilities

Published: October 2023

Purpose

This document explains the need for facilities to demonstrate compliance with the Veterinarians Act, the regulations and the standards established by the College Council under section 8 of the Act. It outlines the process of applying for a Certificate of Accreditation.

Scope

This document is relevant to a licensed member who currently operates a facility or is planning to open a veterinary facility in Ontario.

Background

Accreditation of veterinary facilities is one of the core components of the College's regulatory functions and is an important part of the College's overarching quality practice program. The purpose of accreditation is to assure the public that veterinary facilities in Ontario support the provision of safe, quality veterinary care.

Over the past 30 years, the practice of veterinary medicine has evolved. In 2014, the College sought to renew the approach to facility standards and inspections. This was driven by new practice models and changing services to enhance access and care delivery, and an opportunity to generally enhance standards within veterinary facilities. The profession has also experienced shifts in the mixed practice model – in the past 30 years, species-specific practice has become the norm and now we are starting to see an increased interest in a mixed species model.

Based on work done by a diverse group of veterinarians who formed the Accreditation Models Task Force and the Expert Advisory Group a contemporary model for facility accreditation and a flexible and responsive inspection process have been developed.

The new accreditation model enables a flexible, and dynamic program that will meet the needs of facility accreditation, enhance accountability related to facilities, and inspire greater public confidence in how physical facilities are overseen. The new model permits a veterinarian to define the scope of services that is associated with the facility and meet those facility standards that are relevant to those services. This will improve flexibility and reduce administrative burden as veterinary care and services evolve. With a continued focus on patient and public safety, an outcomes-based approach to the standards for veterinary facilities has been developed.

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How does the new facility accreditation model work?

The Facility Director, who is a veterinarian, would demonstrate to the College how the practice meets the facility standards that apply to the veterinary services they provide. The new model recognizes that there may be numerous ways to meet the standard. For example, to meet the requirement for an electronic computer system to maintain an audit trail which must be in chronological order, there are several ways to meet it:

a) *Some systems have an on/off feature for preserving the original content of electronic records.*

b) *Other systems have a time-out feature or locking feature – this feature can be set so the system will time-out after a period of inactivity. The veterinarian must then sign back into the system to make the next entry.*

c) *If a software system does not have auditing capabilities, then a correction to the record can be documented as an addendum with the date of the change, the initials/name of the person making the change, reference to the entry being modified and notation explaining the reason for the change.*

All facilities will be required to meet a set of Essential Standards that apply to all practices, things like medical records, and infection control. Additional required standards will be specific to the veterinary services provided to animals, like surgery, and radiology.

Each practice pays an annual accreditation fee. The fee that a practice pays is related to the number of facility standards requiring inspection and accreditation and the length of the Certificate of Accreditation.

Facilities that meet all the standards at the time of inspection receive a five-year Certificate of Accreditation, meaning that the certificate will expire 5 years after it is issued. Those facilities that do not meet all the standards will have 30 days to demonstrate full compliance to receive a five-year Certificate of Accreditation. If there are still standards that are not met after 30 days, the facility will be referred to the Accreditation Committee for a decision on the Certificate of Accreditation, which may include a condition that it expire at an earlier date than 5 years. There is an increased annual fee for practices whose certificate expires earlier than 5 years.

Authority of the Accreditation Committee

The Accreditation Committee is a statutory committee of the College (required by legislation) with the primary responsibility for deciding upon and directing the issuance of Certificates of Accreditation for those facilities that are referred to it by the Registrar. The Accreditation Committee may not pass a regulation, by-law or standard. The Accreditation Committee:

- May exempt an applicant or veterinary facility from compliance with any qualification, requirement or standard for a Certificate of Accreditation
- Determines the eligibility of applicants and facilities for Certificates of Accreditation that have been referred to the committee and after considering application for issuance or renewal of the Certificate of Accreditation, may direct the Registrar:
    - To issue or to renew the Certificate of Accreditation
    - To refuse to issue or to renew the Certificate of Accreditation
    - To issue or to renew the Certificate of Accreditation subject to the conditions and limitations the Accreditation Committee specifies
- Reviews existing policy and considers new policy items, as directed by Council, and makes recommendations for changes, additions, or updates to the Standards for Veterinary Facilities in Ontario
- Makes referrals to the Registrar over concerns about potential professional misconduct

Health Professions Appeal and Review Board (HPARB)

The HPARB is an independent tribunal established by the provincial government whose function is to review decisions of statutory committees of all the regulated health professions in Ontario.

If the owner/Facility Director of the veterinary facility is not satisfied with a decision of the Accreditation Committee, then they have 30 days from receipt of the decision to file an appeal with HPARB.

The powers of HPARB regarding certificates of accreditation are as follows:

- Confirm the proposed decision of the Accreditation Committee;
- Require the Accreditation Committee to direct the Registrar to issue or renew a certificate of accreditation; or
- Refer the matter back to the Accreditation Committee for further consideration and the Board may make recommendations.

Role of the Facility Director

All accredited veterinary facilities are under the oversight of a licensed veterinarian who is a facility director. Facility directors are responsible for ensuring that veterinary facilities are operated in accordance with the facility standards set by the College Council.

The facility director may be an owner of the veterinary facility or a partner in the practice conducted in or from the facility, or a licensed veterinarian designated by the owner(s) or partner(s). The facility director must be engaged in the practice of veterinary medicine conducted in or from the facility. The Policy Statement – Facility Director – Accreditation has been developed to clarify the obligations and responsibilities of a facility director.

Accreditation Standards for Veterinary Facilities

The standards for veterinary facilities in Ontario are established by the College Council under the authority of the *Veterinarians Act*, Section 8. The purpose of the accreditation standards is to assure the public that veterinary facilities in Ontario support the provision of safe, quality veterinary care.

An Expert Advisory Group, comprised of veterinarians and established by Council, drafted the new accreditation standards. The standards underwent a rigorous review process that included the Accreditation Committee, College Council, a pilot, and two consultations.

A veterinary practice needs to meet and maintain a set of Essential Standards, and Additional Scope of Practice Services standards selected by the Facility Director that reflect the scope of the services provided at that practice.

A veterinary practice is required to maintain the standards for a Certificate of Accreditation between inspections, and the Facility Director of each facility undertakes to assure the facility maintains all requirements.

Essential Standards:

All facilities are required to meet the Essential Standards (ES). If there are exceptions these are clearly written in the standards.

Facility Services and Equipment	Medical Records
Safety Management	Professional Reference Sources

Professional Practice	Pharmaceutical Management
Biosecurity and Biomedical Waste Management	

Additional Scope of Practice Services:

These are standards that apply to a practice based on the scope of services they provide. These are selected by the Facility Director. If an Additional Scope of Practice Service (ASPS) does not apply to their scope of services, they do not select it for accreditation. If a service in the list does not specifically state the species type, it is assumed that it applies to all species. If you do not see a service in the list, it does not currently have a standard for accreditation.

	In-Facility Anesthesia for All Species and Surgical Mobile for Companion Animals (Anesthesia)		Mobile for Large Animal Ambulatory Anesthesia
	Chemotherapy		Critical Care
	Equine Dentistry		Companion Animal Dentistry
	Diagnostic Laboratory Services		Embryo Transfer
	Hospitalization and Confinement		Isolation Facilities
	Laser Therapy		Mobile
	Other Imaging		Radiology
	Rehabilitation Therapy		In-Facility Surgical Suite for All Species
	Mobile for Large Animal Ambulatory Surgery		Surgical Mobile for Companion Animals (Surgery)
	Ultrasound Imaging		

When the practice is assessed by the veterinarian inspector, it will be determined whether the practice is compliant with the requirement in the standard (Yes), non-compliant with the requirement (No), or whether the requirement is not applicable (N/A) based on their scope of practice.

The focus of the standards is on the ends, rather than the means. An outcomes-based approach to the standards is about finding a balance: excessive detail increases the risk that the standards will quickly

become outdated as new ways of achieving the desired outcomes are recognized; overly general language risks uncertainty about what counts as compliance. Where there is rationale for providing more specificity, this is added to the requirements in the standard.

The Facility Director is encouraged to interpret the requirements in the standards and determine the appropriateness of the processes, facilities, or equipment that they have in place to meet them. In the Accreditation Standards for Veterinary Facilities in Ontario, guidelines are provided for many of the requirements and these act as a guide to Facility Directors on how to comply. **Guidelines should not be interpreted as a requirement.** Facility Directors may show the inspector alternate and appropriate processes, equipment, or facilities to meet the requirement. Flexibility can be applied, and alternate approaches must be supported by adequate justification. The veterinarian inspector will engage in a conversation with the Facility Director to determine if the requirement is being met.

New Accreditation Fee Schedule

The accreditation inspection fees are set out in the College's By-laws. An annual fee model was proposed by the Accreditation Models Task Force in their recommendations to Council on a cost-effective, contemporary model for facility accreditation; that is, a fee will be paid per practice on an annual (yearly) basis.

Other fees include a late annual fee penalty, new facility inspection fee, incomplete inspection fee, cancellation and re-scheduling fee, and failure to notify fee. There is also a fee if a facility is subject to an unannounced inspection. If the Registrar is informed of a serious concern about a veterinary facility not meeting the standards, the College may conduct an unannounced inspection under the Registrar's authority in accordance with Section 50 of Ontario Regulation 1093. This only occurs in rare and severe circumstances. The Accreditation Committee may also place a condition on a Certificate of Accreditation for unannounced inspections. Again, this occurs in rare circumstances where the Committee believes it is in the public interest to monitor for continued compliance with the accreditation standards.

The annual fee that is paid reflects the scope of services offered from the practice as a whole. The annual accreditation fee is based on the number of Additional Scope of Practice Services that need to be accredited. When a Facility Director applies for renewal of their Certificate of Accreditation before it expires, there will no longer be a facility inspection fee paid at the time of the inspection. (Appendix C)

When the certificate of accreditation is issued or renewed for a practice, it expires 5 years after it is issued, unless the Registrar issues or renews the certificate on condition that it expire at an earlier

date. Facilities that meet all the standards at the time of inspection receive a five-year Certificate of Accreditation. Those facilities that do not meet all the standards have 30 days to demonstrate full compliance to receive a five-year Certificate of Accreditation. If there are still standards that are not met after 30 days, the facility will be referred to the Accreditation Committee for a decision on the Certificate of Accreditation, which may include a condition that it expire at an earlier date. There is an increased annual fee for practices whose certificate expires earlier than 5 years.

How does a Facility Director define the scope of services of their practice?

The scope of services delivered by the practice includes the species that are treated and the type of services that are provided. It also includes the practice's physical location, such as a hospital or office, and/or a mobile unit that goes to the location of the animal(s) or group of animals.

For practices that are strictly mobiles, a mobile unit has a stationary element called a base unit. The base unit is a space for secure storage of equipment, supplies, pharmaceuticals, and medical records for the mobile unit. The space may be in a hospital, office, a personal residence of the practice owner and/or facility director, or another approved location.

How does a Facility Director know what standards apply to their practice for accreditation?

All facilities are required to meet the Essential Standards (ES). If there are exceptions to requirements these are clearly written in the standards.

To determine which Additional Scope of Practice Services (ASPS) apply to your practice, write down all the services you provide from your practice – this may be listed on your website.

Review the list of Additional Scope of Practice Services (ASPS) and check those that match your services. There may be ASPS on the list that do apply to your practice that you may not have written down. It is important to check the ASPS list to make sure you don't miss selecting a service you provide. For example, do you hospitalize and isolate infectious disease cases? Then you must select Isolation Facilities. Do you provide house call services? Then you must select Mobile.

If the ASPS does not identify a specific species, then it is applicable to all species. Some ASPS indicate a specific species, such as companion animal or large animal. In that case, pick the service that applies to the species you are treating at your practice.

Example One:

Equine Mobile: providing diagnostic laboratory services, radiology, ultrasound, dentistry, surgery, emergency care and reproduction services.

Must comply with: Essential Standards

Plus **7** Additional Scope of Practice Services:

- Anesthesia
    - Mobile for Large Animal Ambulatory Anesthesia
- Surgery
    - Mobile for Large Animal Ambulatory Surgery
- Radiology
- Diagnostic laboratory services
- Dentistry
    - Equine dentistry
- Ultrasound imaging
- Mobile

Annual Fee for a 5-year Certificate of Accreditation: $145

Example Two:

Companion Animal Hospital: Serving dogs, cats, and small mammals: providing wellness, medical and emergency care, in-house and referral diagnostic laboratory services and radiology, ultrasound, anesthesia, surgery, dentistry, in-hospital care, and house call services.

Must comply with: Essential Standards

Plus **9** Additional Scope of Practice Services:

- Anesthesia
    - In-Facility Anesthesia for All Species
- Surgery
    - In-Facility Surgical Suite for All Species
- Radiology
- Diagnostic laboratory services
- Hospitalization and Confinement
- Isolation facilities

- Dentistry
    - Companion animal dentistry
- Ultrasound imaging
- Mobile

Annual Fee for a 5-year Certificate of Accreditation: $145

Inspections

In addition to renewing a Certificate of Accreditation, an inspection is needed for:

- Relocation of the practice
- Change in the type of species treated in or from the facility (adding a species that is outside the species type they are accredited to treat)
- Change in the scope of veterinary services offered in or from the facility (adding an Additional Scope of Practice Service)
- New practice

Application to issue or renew a certificate of accreditation

For the College to issue or renew a certificate of accreditation, the Facility Director must submit an application to the College. Application forms are found in the Professional Practice Portal. Select the form that applies to the reason for application.

Prepare for Inspection

Inspection checklists specific to the Essential Standards and Additional Scope of Practice Services that reflect the services you provide are available for review. Using the checklists can be helpful for conducting a mock inspection prior to the College's inspection. These are available on the College's website.

The checklists list all the requirements for each standard. As you review each requirement, make notes in the space provided to explain or describe how your facility is in compliance with each requirement.

What to expect on inspection day and afterwards

During the inspection, your inspector assesses the facility for compliance with the standards, recognizes what your practice does well, and may offer suggestions on opportunities for improvement if applicable.

The inspection will take approximately 2.5 hours to complete. You do not need to close your practice, change appointments, or operate your facility any differently.

During the inspection, the Facility Director will accompany the inspector during the on-site visit, answer questions, and be the main contact person. Other members of your team involved in accreditation may attend as well. And at the end of the inspection, the Facility Director and inspector will discuss the outcome of the visit. You do not need to pull medical records before the inspection. Your inspector will decide on the day of your inspection what cases and medical records they will need to review. This may include surgical, dental, inpatient, etc. They will likely request medical records from each veterinarian.

If your inspection notes full compliance with the standards, the Certificate of Accreditation will be issued for a 5-year term and mailed to you. If there are standards that are not met, you will receive an inspection report and be provided with 30 days from the date of the inspection to provide evidence of compliance with the requirement(s).

Opening a New Practice

Owners can name their practice as they wish if it is in accordance with the advertising regulations which are outlined in the Professional Practice Standard - Advertising.

The practice name needs to comply with the following rules:

1. It must be factual, accurate and verifiable.

2. It must not,
   - Be false, misleading, or deceptive by the inclusion or omission of words,
   - Contain any comparative or superlative words, or
   - Contain any endorsement or promotion of drugs or third-party service providers.

3. It must not reasonably be regarded by members as likely to demean the integrity or dignity of the profession or to bring the profession into disrepute.
4. It shall not contain a term, title or designation which indicates specialization in veterinary medicine or represents to the public that the member is a specialist or is specially qualified in a branch of veterinary medicine, unless the member is qualified in that specialization.

For additional information please refer to the Professional Practice Standard - Advertising

Log into the Professional Practice Portal and complete and submit the form called Opening a New Practice – Inspection Application.

When opening a new practice, there is an associated fee for the initial inspection. Once opened, the Facility Director must pay the annual accreditation fee which is due each year on November 30th for the following year. (Appendix C)

What to expect on inspection day

In the interest of public safety, the inspector, on the date of the inspection of your new facility, will ensure that your facility meets:

- The applicable requirements as outlined in the Accreditation Standards for Veterinary Facilities in Ontario pertinent to your practice;
- The medical records portion of the facility standard by confirming that you have in place record templates, pharmaceutical registers, and applicable logs. Link to sample documents; and
- If applicable, the municipality has granted you occupancy and issued an occupancy permit.

If the inspector arrives for the inspection, and it is evident that the facility is not ready to be inspected or be permitted to open as a result of not meeting the standards, you will incur a fee for a second inspection. Please note that inspectors schedule inspections based on geography and may only be in your region infrequently. The inspector will attempt to re-schedule as soon as possible; however, scheduling conflicts may arise.

What happens after the inspection is complete?

1. An inspection report will be emailed to the Facility Director.
2. If the facility has met the standards, the Facility Director will sign an Acknowledgement and Undertaking, and will be provided with a Temporary Waiver of Enforcement, permitting the facility to open.
3. Any standards not met during the inspection will be outlined in the report and instructions on how to submit evidence of compliance through the Professional Practice Portal will be included. The Facility Director has 30 days to submit evidence of compliance with the standards.
4. In 90-120 days, the inspector will return to check the medical records.
5. If the medical records check is satisfactory, the certificate of accreditation will be issued for a 5-year term.

Refer to Appendices A & B

Resources

Accreditation Standards for Veterinary Facilities in Ontario.

APPENDIX A

NEW PRACTICE - ACKNOWLEDGEMENT AND UNDERTAKING

MADE TO THE COLLEGE OF VETERINARIANS OF ONTARIO
BY DR. FACILITY DIRECTOR NAME

I, DR. FACILITY DIRECTOR NAME acknowledge that:

My veterinary facility named FACILITY NAME is inspected in respect of the category(ies) for a FACILITY TYPE.

I am responsible for the operation of the above-named facility, ensuring that the facility meets the Standards for Veterinary Facilities in Ontario and fully complies with the Veterinarians Act and Regulation 1093.

1) I am legally obliged by section 15 of the Veterinarians Act to have a certificate of accreditation to operate this facility. The College temporarily waives enforcement of this requirement in order for a medical records review to be conducted at this new facility.

2) I will make myself available and will fully cooperate when the accreditation inspector returns within 90-120 days of this Undertaking to conduct the medical records review.

3) If the medical records review does not take place within 90-120 days of issuance of the waiver of enforcement, the waiver of enforcement will be terminated and I will be required to re-apply for accreditation and inspection of this facility.

I HEREBY UNDERTAKE to immediately cease to operate the facility if I am advised by the College that the temporary waiver of enforcement has been terminated for any reason. I acknowledge that it is professional misconduct to breach an undertaking with the College.

Date: _____ _____,DVM

APPENDIX B

COLLEGE OF VETERINARIANS OF ONTARIO

NEW PRACTICE - TEMPORARY WAIVER OF ENFORCEMENT

For FACILITY NAME
AND FACILITY DIRECTOR NAME

The COLLEGE OF VETERINARIANS OF ONTARIO through its Registrar temporarily agrees not to enforce the requirement for a Certificate of Accreditation for the FACILITY TYPE. This waiver is given in accordance with the terms of the Acknowledgement and Undertaking signed by DR. FACILITY DIRECTOR NAME on date indicated below. This waiver expires upon the earliest of any of the following occurrences: 1) upon issuance of a Certificate of Accreditation; 2) if the facility has not operated within 1 year of issuance of this waiver; or 3), upon termination by the College.

DATE:_____ _____

Registrar & CEO

APPENDIX C

Annual Accreditation Fee and Other Fee Schedule

The annual accreditation fee is due on **November 30th** in each year for the following year.

Note: HST will be added to the fees below.

Annual Accreditation Fee

For practices with a certificate of accreditation for 5 years:

Practice Type	Annual Fee
Practice with Essential Standards only	$125
Practice with Essential Standards and ≤5 Additional Scope of Practice Standards	$135
Practice with Essential Standards and ≥ 6 Additional Scope of Practice Standards	$145

For practices with a certificate of accreditation for 3 years:

Practice Type	Annual Fee
Practice with Essential Standards only	$185
Practice with Essential Standards and ≤5 Additional Scope of Practice Standards	$200
Practice with Essential Standards and ≥ 6 Additional Scope of Practice Standards	$215

For practices with a certificate of accreditation for 2 years:

Practice Type	Annual Fee
Practice with Essential Standards only	$260
Practice with Essential Standards and ≤5 Additional Scope of Practice Standards	$285
Practice with Essential Standards and ≥ 6 Additional Scope of Practice Standards	$310

For practices with a certificate of accreditation for 1 year:

Practice Type	Annual Fee
Practice with Essential Standards only	$485
Practice with Essential Standards and ≤5 Additional Scope of Practice Standards	$535

Practice with Essential Standards and ≥ 6 Additional Scope of Practice Standards	$585

New Practice Inspection Fee

The new practice inspection fee includes new practice inspection and medical records check.

Practice Type	Fee
Practice with Essential Standards only	$450
Practice with Essential Standards and ≤5 Additional Scope of Practice Standards	$500
Practice with Essential Standards and ≥ 6 Additional Scope of Practice Standards	$550

Unannounced Inspection Fee

This would be the cost associated with having to conduct an inspection due to terms, limits or conditions (TLC) placed by Accreditation Committee or a Registrar's Investigation (O.Reg.1093 s.50).

Practice Type	Fee
Practice with Essential Standards only	$450
Practice with Essential Standards and ≤5 Additional Scope of Practice Standards	$500
Practice with Essential Standards and ≥ 6 Additional Scope of Practice Standards	$550

Incomplete Inspection Fee

This fee will be charged to practices where the inspector is unable to complete the inspection due to failure to comply with a major requirement. (e.g., x-ray machine not installed, surgical suite still being constructed, etc.)

Practice Type	Fee
Practice with Essential Standards only	$450
Practice with Essential Standards and ≤5 Additional Scope of Practice Standards	$500
Practice with Essential Standards and ≥ 6 Additional Scope of Practice Standards	$550

Penalty Fees

Penalty Type	Fee
Cancellation or re-scheduling of an inspection with less than 48 business hours notice	$300
Failure to notify changes to the practice (O.Reg.1093 section 13)	$200
Late annual accreditation fee payment	$200

Updating your information

https://www.cvo.org/veterinary-practice/licensure/updating-your-information

The College's By-laws require veterinarians to update certain information, in writing, within 30 days of the change.

Changes to home, work or e-mail

Please submit changes to your home, work or e-mail address in the Professional Practice Portal. Please be sure to include any updates to phone numbers. When making changes to work information, provide the end date of the position you left and the start date of the new position.

Change to professional conduct and suitability to practice veterinary medicine information

Veterinarians must self-report the following:

- finding of guilt of any offence in any jurisdiction, other than under the *Highway Traffic Act*
- being the subject of a current proceeding in respect of any offence in any jurisdiction, other than under the *Highway Traffic Act*
- being the subject of a finding of professional misconduct, incompetence or incapacity or any like finding, in Ontario or any other jurisdiction in relation to veterinary medicine or any other profession or occupation
- being the subject of professional misconduct, incompetence or incapacity investigation or proceedings or any like proceeding, in Ontario or any other jurisdiction in relation to veterinary medicine or any other profession or occupation
- information relating to any mental or physical condition or disorder (which could include an impairment caused by alcohol and/or substance abuse) that might affect the veterinarian's ability to practise the profession safely.

This information should be emailed to licensure@cvo.org. The self-report will be reviewed to determine what level of risk may be posed to the public. After all information is gathered, the College will decide about an appropriate response.

Change my name

Licensed members must practise veterinary medicine in the same name as listed in the Public Register, which is the name that appears on your basic degree in veterinary medicine. If you wish to change your name, you are asked to submit an application to the College Registrar with appropriate supporting documentation. To request a change to a name listed on the Public Register, please complete and submit the Application for Name Change form.

Adding specialty board certification to my record

If you have become a board-certified specialist, you need to submit proof of your specialty board certification to the College in one of the following ways to have this designation added to your record.

- Provide a copy of the specialty certification only if your specialty certification information can also be found on the specialty organization's website
- Provide the original specialty certification or a notarized copy.
- Have the specialty organization send the College a letter that contains information about the specialty certification that you have achieved.

Once the designation has been verified, the board certification will be added to your record on the Public Register. Questions should be directed to licensure@cvo.org.

Licence Renewal

https://www.cvo.org/veterinary-practice/licensure/licence-renewal

The annual licence renewal process is an important part of the College's work as the regulator of the veterinary profession in Ontario. Through the renewal process, licensed members provide the College with information about their places of employment, employment functions and areas of practice.

As well as maintaining the Public Register, the licence renewal process helps to identify trends and policy development areas. All licensed members are obligated to submit information and payment for licensure no later than November 30th each year. The College uses an online licence renewal form.

Licence Types

https://www.cvo.org/applicants/licence-types

All practising veterinarians in Ontario must be licensed by the College. Only licensed members of the College are allowed to call themselves a veterinarian.

The following types of licences are issued:

General

Applicants must complete an approved examination or assessment pathway and the CVO Jurisprudence Exam. A person holding a general licence may practice veterinary medicine in Ontario, without restriction on scope, species or place of practice.

Restricted

A Restricted licence is a licence with conditions or limitations imposed by a committee at the College. A Restricted licence may be requested when an applicant does not meet any or all of the requirements for a General licence. Applicants must successfully complete the CVO Jurisprudence Exam. See Registration Committee policy on Restricted Licensure and Registration Committee information.

Educational

Applicants must demonstrate that they are enrolled in a program of postgraduate veterinary education provided by the Ontario Veterinary College, University of Guelph. Applicants are not required to successfully complete an approved examination or assessment pathway. Applicants are not required to successfully complete the CVO Jurisprudence Exam.

A person holding an educational licence may engage in the practice of veterinary medicine only as required by the program of education in which the licensee is enrolled and only under the supervision of a full-time employee of the University of Guelph who holds a general licence or an academic licence.

Postgraduate and Resident

Applicants must demonstrate that they are enrolled as an intern, resident or Doctor of Veterinary Science student at the Ontario Veterinary College, the University of Guelph. Applicants are not required to successfully complete an approved examination or assessment pathway. Applicants must successfully complete the CVO Jurisprudence Exam.

A person holding a postgraduate and resident licence may engage in the practice of veterinary medicine only as required by the program in which they are enrolled as an intern, resident or Doctor of Veterinary Science student.

Academic

Applicants must demonstrate they hold a full-time teaching or research appointment of professorial rank at the Ontario Veterinary College, University of Guelph. Applicants are not required to successfully complete an approved examination or assessment pathway. Successful completion of the CVO Jurisprudence Exam is required.

A person holding an academic licence may engage in the practice of veterinary medicine only in the department in which they hold a professorial appointment and to the extent required by the appointment.

Public Service

Applicants must demonstrate that they are employed as a veterinarian by the Government of Canada. Applicants must complete an approved examination or assessment pathway. Applicants are not required to successfully complete the CVO Jurisprudence Exam.

A person holding a public service licence may engage in the practice of veterinary medicine only in the course of employment as a veterinarian employed by the Government of Canada.

Short Term

Applicants are not required to successfully complete an approved examination or assessment pathway. Applicants are not required to successfully complete the CVO Jurisprudence Exam. A person holding a short term licence must be supervised by a veterinarian holding a general licence in Ontario without conditions. A person holding a short term licence may engage in the practice of veterinary medicine only to the extent required by the appointment or consent provided by the College's Registrar.

The issued short term licence will terminate on the earliest of:

- the day the appointment ends;
- the day the licensed member leaves Ontario; and
- 30 days after the licence is issued.

POSITION STATEMENT

Unauthorized Practice

Published: October 2013

Purpose

This position statement provides guidance to stakeholders about the unauthorized practice of veterinary medicine in Ontario. It clarifies the College's role in investigating and taking action on unauthorized practice for the purpose of public protection.

Introduction

The College regularly receives information raising concerns about the possible practise of veterinary medicine by non-veterinarians. Section 11 of the Veterinarians Act (the "Act") is clear that only a holder of a valid licence, issued by the College of Veterinarians of Ontario, can practise veterinary medicine in the province or hold themselves out as a veterinarian. The purpose of restricting the practice of veterinary medicine to registered veterinarians only is for public protection given the highly skilled and highly technical nature of the profession. Such protection assures that safe, quality veterinary medicine is provided to animals.

Definitions

Agricultural operation:[1] An agricultural operation is defined as a farm, ranch or other operation that produces agricultural products intended for sale. It includes horse operations that do not sell agricultural products but offer boarding, riding or training services.

[1] 1 Statistics Canada 2011 Census of Agriculture

Agricultural worker:[2] Agricultural worker includes a farm worker employed on a farm whose work is directly related to primary production of certain agricultural products. Primary production includes: planting crops, cultivating, pruning, feeding and caring for livestock.

Domestic Worker: A domestic worker means a person who is employed by a householder to perform services in the household or to provide care, supervision, or personal assistance to members of the household.

Household of the owner: Household of the owner is a house and its occupants regarded as a unit.

Self-employed:[3] Self-employed indicators include works independently; no one oversees activities; free to work when and for whom he chooses; may provide services to different payers at the same time; can accept or refuse work from the payer.

Scope of Practice

The practice of veterinary medicine is broadly defined in the Act section 1.(1) as:

"veterinary medicine includes the practice of dentistry, obstetrics including ova and embryo transfer, and surgery, in relation to an animal other than a human being."

Veterinary medicine is further described in the veterinarian regulatory body pan-Canadian Agreement on Internal Trade (AIT) as:

"the practice of medicine, surgery, and dentistry on animals, and includes the examining, diagnosing, prescribing, manipulating and treating for the prevention, alleviation or correction of a disease, injury, condition, deformity, defect, or lesion in an animal with or without the use of any instrument, appliance, drug, or biologics."

In plainer language veterinary medicine encompasses the assessment, diagnosis, and treatment, including surgery, of all animal species other than humans. It also includes but is not limited to (in relation to all animal species other than humans) dentistry; floating teeth; rehabilitative; complementary and alternative therapies; and microchipping.

[2] Ministry of Labour, Ontario 2013
[3] Canada Revenue Agency

Veterinarians often practise with veterinary auxiliaries or assistants. Auxiliaries are supervised in carrying out their functions within an accredited veterinary facility. Students of veterinary medicine are permitted to practise veterinary medicine in the course of their studies.

There are some exceptions identified in the Act which permit other individuals to perform specific activities on animals; these include:

- rendering first aid or temporary assistance in an emergency without fee;
- treating an animal if the person is the owner of the animal, is a member of the household of the owner of the animal or is employed for general agricultural or domestic work by the owner of the animal;
- taking blood samples;
- preventing or treating fish and invertebrate diseases;
- collecting or using semen for the purposes of a business that engages in the artificial insemination of livestock; and
- collecting or transporting ova and embryos of animals other than mammals.

Position

The College's principal object is to regulate the practice of veterinary medicine in Ontario and to govern its licensed members so that the public interest may be served and protected. This is to assure the delivery of safe veterinary medicine by licensed veterinarians meets the expected standard of practice. When an unlicensed individual or an organization is believed to be engaging in the practice of veterinary medicine and it is reported to the College of Veterinarians of Ontario, the College will investigate. Where the results of the investigation clearly demonstrate evidence of a violation of section 11 of the Veterinarians Act, the College will issue a cease-and-desist notice and request confirmation that the offending individual or organization will cease to perform the activity or activities at issue. When an individual or an organization is non-compliant with a cease-and-desist notice, the College may proceed with legal action through the Ontario court system.

Penalty

If the unauthorized practice of veterinary medicine by an unlicensed individual or organization is proven in court, the following penalties may apply:

- first offence is a fine of not more than $15,000.
- each subsequent offence is a fine of not more than $30,000.

The unauthorized use of veterinary titles, terms or descriptions may also result in a penalty:

- first offence is a fine of not more than $5,000.
- each subsequent offence is a fine of not more than $15,000.

These penalties are payable to the Treasurer of Ontario, not to the College.

Legislative Authority

Veterinarians Act, R.S.O. 1990, s. 11, 40

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

Mandatory Reporting Legislative Overview

This Legislative Overview is designed to describe to veterinarians the mandatory requirements for reporting under federal and provincial legislation and regulations. Governments establish mandatory reporting requirements to address societal concerns about the safety of vulnerable groups and the health and well-being of populations. Veterinarians play an important role in identifying new or emerging disease and hazards that present risks to animal and public health safety. While there are a number of different mandatory reporting requirements, we ask that you focus on the following list for the purposes of preparing for the jurisprudence exam.

1. *Animal Health Act* (Ontario)

Under Regulation 277 Reporting of Hazards and Findings, made under the Animal Health Act, laboratories and veterinarians have requirements for reporting to the Chief Veterinarian of Ontario.

Requirement to report information: https://www.ontario.ca/page/notifiable-hazards-and-reporting-guidelines-laboratories-and-veterinarians-under-animal-health-act-2009

2. *Health Protection and Promotion Act* (Ontario)

Under Regulation 557 Communicable Diseases, made under the Health Protection and Promotion Act, veterinarians have a legal obligation to report a suspect or confirmed case of a reportable zoonotic disease to their local Medical Officer of Health.

Legislative Overview: Rabies https://www.cvo.org/standards/rabies

3. *Occupational Health and Safety Act* (Ontario)

Under Regulation 861 X-ray Safety, made under the Occupational Health and Safety Act, veterinarians have a legal obligation to minimize the risk of exposure for anyone involved in taking and processing radiographs and for everyone who may be exposed to radiation.

Legislative Overview: Radiation Safety https://www.cvo.org/standards/radiation-safety

4. *Provincial Animal Welfare Services Act* (Ontario)

Animal Welfare Services (AWS) within the Ministry of the Solicitor General is responsible for enforcing the *Provincial Animal Welfare Services Act.* Under this Act, there are obligations for veterinarians to report suspected animal abuse or neglect.

Requirement to report information: https://www.ontario.ca/page/animal-welfare

Reporting Animal Abuse or Neglect Position Statement:
https://www.cvo.org/standards/reporting-animal-abuse-or-neglect

5. *Controlled Drugs and Substances Act (*Canada*)*

Veterinarians who maintain an inventory of controlled drugs for use in their practice have the responsibility to mitigate the risk of inappropriate or illegal access to controlled drugs.

Management and Disposal of Controlled Drugs Professional Practice Standard: https://www.cvo.org/standards/management-and-disposal-of-controlled-drugs

6. *Health of Animals Act* (Canada)

Reportable diseases, as outlined in the *Health of Animals Act* and *Reportable Diseases Regulations* are diseases that can impact: human health, animal health and the Canadian economy.

Animal owners, veterinarians and labs must report suspect cases of these diseases to a Canadian Food Inspection Agency district veterinarian.

Requirement to report information**:** https://inspection.canada.ca/animal-health/terrestrial-animals/diseases/reportable/eng/1303768471142/1303768544412

POSITION STATEMENT

Reporting Animal Abuse or Neglect

Published: March 2015
Revised: April 2020

Introduction

This Position Statement describes the position of the College of Veterinarians of Ontario regarding the reporting by veterinarians of animal abuse and neglect. The reporting of actual or suspected abuse or neglect of animals may be necessary to protect the health and welfare of animals and people. It is the responsibility of other legislated organizations to investigate such reports.

Position Statement

Veterinarians have a legal and ethical obligation to report animal abuse or neglect.

Veterinarians are mandated to report when there are reasonable grounds to believe that an animal is being abused, being subject to undue physical or psychological hardship, privation or neglect, including by participating in fights with other animals, or is being trained to fight another animal to a provincial animal welfare inspector (*Provincial Animal Welfare Services Act*, 2019, S.O. 2019, c. 13, s 14).

Making a professional judgement of abuse, physical or psychological hardship, privation or neglect of an animal(s) is challenging. No single indicator is often sufficient to enable a veterinarian to establish reasonable grounds to believe that an animal is suffering from abuse or

neglect. Reasonable grounds arise from first-hand information and/or detailed reports, and refers to the facts or circumstances which would cause a person of ordinary and prudent judgment to have a strong belief beyond a weakly substantiated suspicion, but less than a certainty.[1] The College further interprets reasonable grounds to include information acquired during the veterinarian's assessment of the animal or herd and/or discussion with the owner/custodian/caregiver that could lead him/her to suspect abuse, physical or psychological hardship, privation or neglect.

Regulation 1093 does not expressly require that veterinarians release confidential information about clients and/or animals in cases of suspected abuse. However, the Regulation permits veterinarians to release information concerning a client, an animal, or any professional service performed for an animal, to any person other than the client or another member treating the animal when required or authorized to do so by law, which is inclusive of appropriate release to a provincial animal welfare inspector.

Legislative Authority

Veterinarians Act, R.S.O. 1990, s. 30(4) R.R.O. 1990,
Reg. 1093: General s. 17(1) (*Veterinarians Act*)
Provincial Animal Welfare Services Act, 2019, S.O. 2019, c. 13

Resources

The following can be found at the College's website at cvo.org:

1. *Legislative Overview: Mandatory Reporting*

[1] The following may lead a veterinarian to suspect abuse or neglect:
• Presentation of non-accidental injuries;
• Conflicting or unrealistic explanation of how injuries occurred;
• Delays in obtaining veterinary care or treatment for serious problems;
• Physical signs of neglect (e.g., severely matted hair, untrimmed nails/hoofs, malnourishment, infected wounds, presence/smell of excrement); or
• Refusal to treat or euthanize when an animal is suffering or in pain.

Other References

The following can be found on the Canadian Veterinary Medicine Association website:

- Animal Abuse

The following documents and websites may also be useful:

- Arkow, P., Boyden, P. and Patterson-Kane, E. (2011). Practical Guidance for the Effective Response by Veterinarians to Suspected Animal Cruelty, Abuse and Neglect, Schaumburg, IL: American Medical Veterinary Association.
- British Veterinary Associations, Abuse in Animals and Humans.

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

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Code of Ethics

Preamble

As members of a regulated profession, who have a societal obligation to serve in the public interest, veterinarians earn and maintain the public trust through engagement in principle-guided ethical practice. Veterinarians hold themselves, their colleagues, and their profession to a high standard of ethical conduct, reflecting the core values and principles of the profession. The College and the public have the reasonable expectation that the care and service provided by a veterinarian reflects these values. As societal ethics evolve regarding animals, veterinarians should take a leadership role to assure that such evolution is rational and sustainable.

Statement of Intent

A veterinarian has a moral obligation to animals, to society, to clients, to colleagues, to the profession, and to themselves. On occasion these obligations may conflict. In such circumstances, the Code provides a framework to guide veterinarians in ethical decision making. It reflects the profession's core values which provide the foundation for ethical principles and guidance on how one is to act as a morally responsible member of the veterinary profession.

Core Values

These values are the foundation for ethical care and service in veterinary medicine. The core value of professionalism is defined in the College document Guidance on Professionalism for Veterinarians.

trustworthiness
professionalism
competence
compassion
transparency
respect

Ethical Principles

Veterinarians act with compassion and demonstrate respect

- Recognize their duty to identify the interests of the animal in consideration of the circumstances.
- Strive to prevent and relieve animal suffering and improve animal health and welfare.
- Act with empathy towards clients and colleagues.
- Respect clients' autonomy, privacy and right to confidentiality.
- Demonstrate civility and collegiality towards colleagues and all members of the veterinary care team to support and enhance animal care.
- Recognize the importance of self-compassion and personal wellbeing.
- Recognize and mitigate impacts to public health and environmental health.

Veterinarians foster transparency and demonstrate trustworthiness

- Are accountable and truthful in their professional activities.
- Effectively communicate to promote and uphold professional relationships with clients, colleagues, and the public.
- Have open and honest discussions with clients that upholds the interests of the animal and ensures client understanding.
- Are reliable and competent.
- Maintain their competency by actively pursuing continuing professional development so knowledge and skills are current.
- Act in an unbiased manner and demonstrate openness to other perspectives.

Veterinarians act professionally and demonstrate continuing competence

- Demonstrate behaviours, attitudes and skills that reflect the core values of the profession and reinforce the social contract between the profession and the public.
- Collaborate with colleagues to ensure comprehensiveness and continuity of patient care when necessary.
- Maintain appropriate and dignified boundaries in client relationships and all professional interactions.
- Adhere to legislated requirements and Professional Practice Standards.
- Engage in ongoing, reflective practice to develop knowledge, skills, and attitudes that are expressed in professional behaviour.
- Apply current knowledge and skills to the delivery of quality care and service and the advancement of veterinary medicine, animal welfare, and public health and safety.

published March 2020



Guidance on Professionalism for Veterinarians

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This guidance document is not intended to describe specific standards for practice or create legal obligations. It does not override a veterinarian's legal obligations. Veterinarians are encouraged to refer to relevant College Professional Practice Standards outlining professional expectations and obligations, including those set out in legislation.

This is a living document, and while the values and principles of the profession will likely remain the same, the professional duties and professional expectations may change as veterinary practice evolves.

Guidance on Professionalism
for Veterinarians

Being a professional has meaning in society. It indicates that an individual has undertaken training and education to hold specialized knowledge and skills. The public expects that professionals will conduct themselves appropriately by demonstrating certain behaviours, attitudes and skills that are perceived to mean that an individual is competent, ethical and professional.

- By defining professionalism for veterinarians, the College is supporting veterinarians in meeting the public's expectations and earning their trust.
- It also guides veterinarians in the expected conduct among colleagues, co-workers and other veterinary team professionals that ensures the quality and safety of veterinary medicine in Ontario.
- Guided by core values outlined in a Code of Ethics, veterinarians hold themselves and their colleagues to a high standard of ethical conduct. Demonstrating professionalism and ethical conduct in the practice of veterinary medicine contributes to veterinarians earning and maintaining public trust. It contributes to interactions and outcomes that bring satisfaction and fulfillment to a veterinarian's work.
- Veterinary professionalism is demonstrated when a veterinarian's conduct reflects the values of the profession.

The Purpose of this Document is to:

- ***Provide broad guidance to the profession;***
- ***Articulate a definition of veterinary professionalism;***
- ***Articulate the elements of professionalism as defined by guiding principles and duties; and***
- ***Assist veterinarians in upholding the social contract between the public and the profession in the practice of veterinary medicine.***

Definition of Veterinary Professionalism

Professionalism is a set of behaviours, attitudes and skills that reflects the values of the profession, as expressed in the Code of Ethics, and reinforces the social contract between the profession and the public.

- The veterinarian uses their judgment in any given interaction to respond with behaviours, attitudes and skills that are appropriate to the context and draw on the elements of professionalism.
- While basic guidance for professional behaviours is established in regulations and professional standards, the expectation is that veterinarians will work respectfully and collaboratively with clients and colleagues, putting the interest of the patient above self-interest.
- The elements of professionalism are further defined by a set of guiding principles, professional duties, and professional expectations.

Guiding Principles and Professional Duties

In approaching their professional work, a veterinarian must consider the social contract between the profession and the public.

- A veterinarian is guided by their responsibilities to animals, clients, themselves and colleagues, and the profession and society. The elements of professionalism are further defined by these guiding principles and professional duties that reflect the values of the profession.



The veterinarian uses their judgment in any given interaction to respond with behaviours, attitudes and skills that are appropriate to the context and draw on the elements of professionalism

Responsibilities to Animals

Beneficence

- Acts in the patient's best interest
- Recognizes animal health and welfare first
- Interactions with patients demonstrate kindness and dignity
- Recognizes the obligation to report to a provincial animal welfare inspector (Provincial Animal Welfare Services Act, 2019, S.O. 2019, c. 13, s 14) when there are reasonable grounds to believe that an animal is being abused or neglected
- Accepts professional responsibility for a patient, and continues to provide services until they are no longer required or wanted; until another veterinarian has assumed responsibility for the patient; or until the client has been given reasonable notice that the veterinarian-client-patient relationship (VCPR) has been discontinued

Non-Maleficence

- Makes a reasonable and conscientious effort to prevent harm to patients and society
- If harm occurs, discloses it to the client and takes appropriate steps to prevent recurrence

College Resources:

- Reporting Animal Abuse or Neglect – Position Statement
- Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR) – Guide to the Professional Practice Standard
- Animal Welfare
- Pain Management

Competence

- Responsible for maintaining the knowledge and skills necessary to provide competent, quality care to patients
- Committed to lifelong learning throughout their career
- Recognizes limitations or deficiencies in knowledge and skills
- Ensures their practice matches their level of competence
- Refers cases appropriately to a colleague with the relevant competence
- Recommends or seeks additional opinions or services when appropriate
- Participates in quality improvement activities to improve their practice and maintain knowledge and skills
- Participates in quality improvement initiatives and strategies to deal with errors, adverse events, close calls, and disclosure

Conflict of Interest

- Recognizes and discloses conflicts of interest that arise and resolves them in the best interest of patients
- "Conflict of interest" means an actual, potential or perceived interest of a licensed member that may undermine the impartiality or appearance of impartiality of that licensed member. For example, the licensed member has a personal or business interest that could influence their judgment in performing their duties

College Resources:

- Continuing Professional Development for Licensed Members
- Peer Advisory Conversation
- Medical Records Review and Assessment

Responsibilities to Clients

Confidentiality and Privacy

- Respects and maintains the client's privacy and confidentiality
- Safeguards confidential information
- Does not disclose confidential information about the client or animal to anyone other than the client or another veterinarian treating the animal, unless the client gives consent or animal welfare or the public interest may be compromised

College Resources:

- Medical Records – Professional Practice Standard
- Medical Records – Guide to the Professional Practice Standard

Communication

- Collaborates and works effectively with clients to provide quality care to animals
- Communication with clients demonstrates courtesy, honesty, dignity and respect
- Aids the client's understanding of the information exchanged
- Refrains from behaving in a manner that may reasonably be considered offensive to others or disruptive to the workplace or patient care
- Responds promptly and courteously to clients' complaints
- If conflicts arise, the veterinarian works with the client to resolve the conflict respectfully
- Accepts professional responsibility for a patient, and continues to provide services until they are no longer required or wanted; until another veterinarian has assumed responsibility for the patient; or until the client has been given reasonable notice that the veterinarian-client-patient relationship (VCPR) has been discontinued

College Resources:

- Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR) – Professional Practice Standard
- Veterinarian-Client-Patient Relationship (VCPR) – Guide to the Professional Practice Standard
- Learning Modules: Communication

Autonomy of the Client

- Provides clients with the information they need to make informed decisions about their animal's medical care and answers questions to the best of their ability
- Respects the client's right to accept or decline veterinary care recommendations
- Facilitates a client's reasonable request for a second opinion or referral
- Refers clients to another veterinarian who performs a service that they do not perform or refuse to perform

Boundaries

- Recognizes the power imbalance inherent in the VCPR and assumes responsibility for maintaining appropriate professional boundaries always
- Respects the personal boundaries of clients and their rights to privacy and confidentiality

Human Rights

- Demonstrates cultural sensitivity in their communication with clients
- Avoids discrimination based on, but not limited to, age, gender, race, national or ethnic origin, religion, physical or mental disability, sexual orientation or socioeconomic status

Conflict of Interest

- Avoids situations that are or may be perceived to be a conflict of interest
- Provides independent and impartial professional advice and discloses any conflicts of interest to the client

College Resources:

- Informed Client Consent – Learning Module
- Informed Client Consent – Professional Practice Standard
- Informed Client Consent – Guide to the Professional Practice Standard
- Informed Client Consent – Sample Form
- Veterinary Euthanasia – Professional Practice Standard



Responsibilities to Themselves & Colleagues

Wellness

- Promotes and maintains their health and wellbeing
- Recognizes when they are not well enough to provide competent care to patients
- Seeks help if necessary to ensure their own wellness
- Takes reasonable steps to address adverse physical or mental health or performance that could impair their fitness to practice; or, that results in harm, or a risk of harm, to animal health or welfare, public health or the public interest
- Takes reasonable steps to ensure that animals are not put at risk and that the interests of the public are protected when concerns arise about a colleague's fitness to practice

College Resources:

- Professional Quality of Life Scale (ProQOL)
- Peer Advisory Conversation
- Homewood Health Program

Identifies and manages stress factors in their professional and personal lives and practices appropriate coping strategies

Responsibilities to Themselves & Colleagues

continued...

Collegiality and Civility

- Interactions with colleagues are collegial and demonstrate courtesy, honesty, dignity and respect
- Collaborates and works effectively with colleagues to ensure the comprehensiveness and continuity of patient care
- Refrains from behaving in a manner that may reasonably be considered offensive to others or disruptive to the workplace or patient care
- Avoids impugning the reputation of colleagues for personal motives

Boundaries

- Respects the personal boundaries of colleagues and co-workers and their rights to privacy and confidentiality

Education/Mentorship

- Role models and teaches professional behavior in all facets of the member's chosen area of practice
- Provides to colleagues and accepts from colleagues teaching and mentoring to help ensure that high quality care is provided to the public

College Resources:

- Peer Advisory Conversation

Responsibilities to Profession & Society

Privilege of Profession-based Regulation

- Recognizes that profession-based regulation is a privilege and that each licensed member has a professional responsibility to merit this privilege by seeking trustworthiness and building confidence in each member individually and the profession as a whole
- Participates in the regulatory process to ensure the continuity of profession-based regulation
- Recognizes the responsibility to ensure quality care through quality improvement and assurance activities as well as responding pro-actively to concerns around practice/behaviour
- Contributes to defining professional practice standards and expectations of the profession and upholds the standards in their own practice

College Resources:

- Peer Advisory Conversation

Quality Assurance

- Takes a collaborative approach by accepting and supporting meaningful peer reviews as a mechanism for upholding the standards of the profession
- Effectively learns from critical incidents to reduce the occurrence of medical error and adverse outcomes

College Resources:

- Continuing Professional Development for Licensed Members

Lifelong Learning

- Commits to lifelong learning and continuous improvement throughout their career
- Seeks out new evidence and knowledge and applies it in practice
- Maintains an awareness of relevant practice guidelines and implements them as appropriate

Responsibilities to Profession & Society

continued...

Boundaries

- Does not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment

Public Health

- Recognizes the profession's responsibility to society in matters relating to public health, including zoonotic diseases, food safety, protecting and improving both animal health and human health, and Antimicrobial stewardship

Represent the Profession

- Recognizes a responsibility to give generally held opinions of the profession when interpreting scientific knowledge to the public; and discloses when presenting an opinion that is contrary to the generally held opinion of the profession

Professional Expectations

- While striving for professionalism, veterinarians should be aware of the rules of conduct that exist to guide behavior and what is expected of them. Veterinarians conduct themselves according to the expectations outlined in Ontario Regulation 1093, Part II Professional Misconduct and the College's Professional Practice Standards, which identify both unacceptable conduct and acceptable conduct.

Recognizes that profession-based regulation is a privilege and that each licensed member has a professional responsibility



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Acknowledgement

This document was developed with input from multiple resources, including various health professions and organizations, as well as scientific literature. Particularly helpful were The Practice Guide – Medical Professionalism and College Policies, 2007, The College of Physicians and Surgeons of Ontario, and Dr. Elizabeth Mossop's definition of veterinary professionalism.

A full list of resources is available upon request.

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College of Veterinarians of Ontario
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Guelph, ON N1C 0B1
Toll-Free: 1.800.424.2856

Public confidence in veterinary regulation.

cvo.org

Guide to the Code of Ethics:

Published: March 2020

Introduction:

Veterinarians earn and maintain the public trust through engagement in ethical practice. As members of a regulated profession who serve in the public interest, veterinarians hold themselves, their colleagues, and their profession to a high standard of ethical conduct.

The Code of Ethics provides a framework to guide veterinarians in ethical decision making. It reflects the profession's core values which provide the foundation for ethical principles. The principles provide guidance to veterinarians about the moral obligations of the veterinary profession.

As a professional, continuous attention to ethics is essential and assures the public that moral obligations are being met. This Guide to the Code of Ethics is intended to support veterinarians in applying the Code of Ethics in their practice.

Definitions:

Ethics: Bernard Rollin refers to two different senses of ethics. $Ethics_1$ refers to the set of principles that governs the views of right and wrong, good and bad, fair and unfair, just and unjust; it includes social consensus ethics, personal ethics, and professional ethics. $Ethics_2$ refers to the study and examination of $Ethics_1$.[3]

Ethical Decision Making:

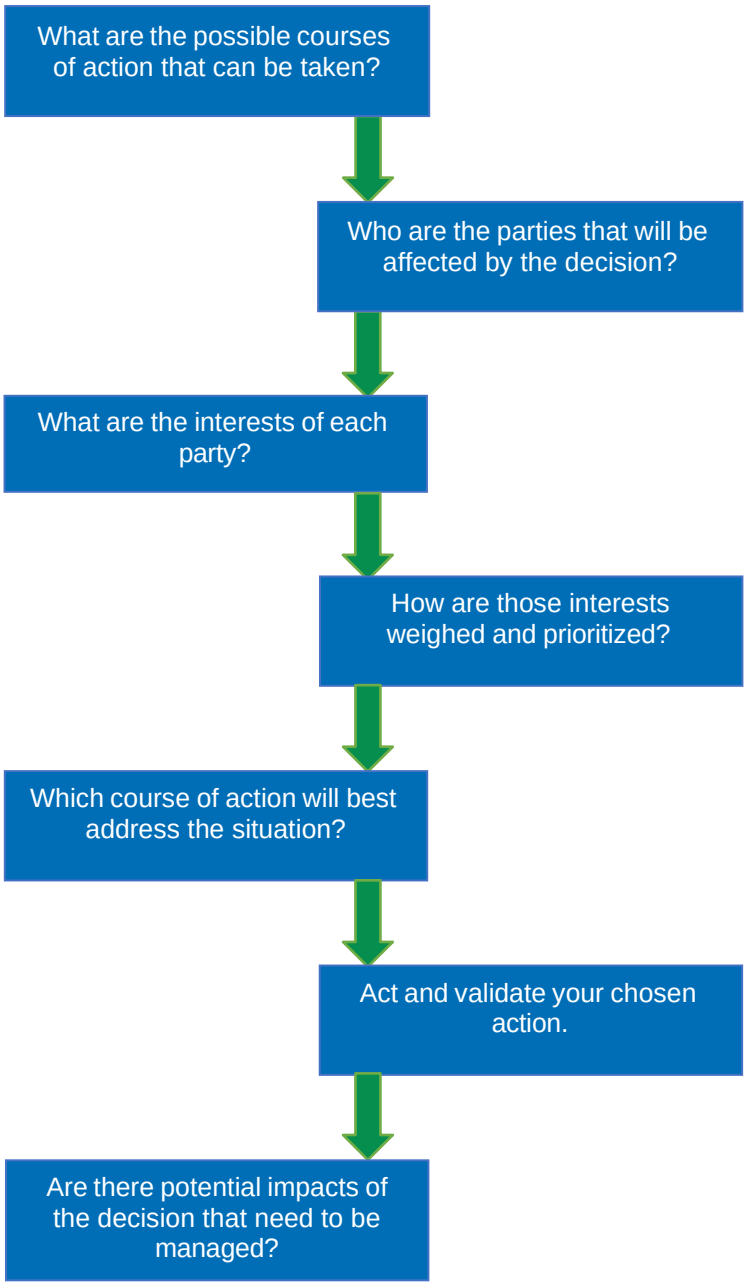
The Code of Ethics provides a framework to guide veterinarians in ethical decision making. In practice, veterinarians are guided and informed by their knowledge, experience, and values. When a veterinarian's values, views and motives align with others or align with the broader system, decision making may seem straightforward. On occasion, a veterinarian's values, views, or motives differ, or their moral obligations conflict and the right course of action is unclear. In those circumstances, it can be helpful to structure the thinking that is needed to make an ethical decision.

While not always possible when a decision needs to be made quickly, dialogue with others is encouraged as it can promote understanding of different moral positions and promote consistency in decisions among veterinary teams. Proactive discussions of ethical issues that a veterinarian and veterinary team may face in their practice allows the opportunity to enhance ethical skills. These skills include ethical reasoning and ability to reflect on ethical issues; value-based communication skills; and informed decision-making skills. These discussions can help to establish ethical policies for the practice that support the veterinary team when ethical issues arise in day-to-day practice.[1,2]

In the approach to ethical decision making, there are several ethical theories in the literature to consider for guidance to veterinarians[1]. They provide important information that can help determine what is ethical in a given circumstance.

The following ethical decision tree provides steps to consider in ethical decision making as outlined in Mullan and Main (July/August 2001). Veterinarians are encouraged to access a broad range of current and credible resources to inform ethical conduct in their practice.

Ethical Decision Tree



1. What are the possible courses of action that can be taken?

There may be several options. Do any of them pose an ethical issue?

- Knowledge and understanding of ethical theories[1,2] can help identify an ethical issue, for example:
  - Utilitarianism – produces the greatest good for the greatest number
  - Deontology – aim to do the "right" thing based on a moral norm or rule
  - Justice as Fairness – treat all human beings equally
  - Principalism – based on four guiding principles of non-maleficence, beneficence, autonomy and justice

2. Who are the parties that will be affected by the decision?

Who does the veterinarian have moral obligations to?

- Consider the animal(s), the client, the veterinarian, society, the profession, colleagues, potential clients, the veterinary team. All groups that have an interest or are involved in the situation.[1,2,3,4]

3. What are the interests of each party?

What are the interests of each party identified above? Engage in dialogue.

- Consider animal welfare.
- Understand perspectives, values, motives of each party (don't have to agree).
- What additional information is needed?

4. How are those interests weighed and prioritized?

- What guidance do the ethical principles in the Code of Ethics provide?
- What guidance do ethical theories provide?
- Does the law guide one's thinking around a certain course of action?
- Are certain duties always carried out? Are certain harms always avoided?
- For each possible course of action, what are the advantages and disadvantages to each party?[4]
- Consult other relevant resources.

5. Which course of action will best address the situation?

Review all the possible courses of action that can be taken and make a decision:

- Consult all the relevant parties.

6. Act and validate your chosen action.

- Assume responsibility and be prepared to justify your action.

7. Are there potential impacts of the decision that need to be managed?

Reflect on the outcome:

- If harm was produced for one or more parties, consider how this can be further managed.
- What have you learned from this situation?
- What would you do differently next time?

Resources:

Veterinarians are encouraged to access a broad range of current and credible literature.

The following authors have published literature on veterinary ethics:

Siobhan Mullan, Anne Fawcett, Bernard Rollin, Jerrold Tannenbaum

Canadian resources:

Principles of Veterinary Medical Ethics of the Canadian Veterinary Medical Association

The Canadian Veterinary Journal: Ethics of the Month

Ethical Decision Making Frameworks:

Markkula Center for Applied Ethics at Santa Clara University: https://www.scu.edu/ethics/

References:

1. Mullan, S. and Fawcett, A. (2017). Chapter 2. Making ethical decisions. Veterinary Ethics: Navigating Tough Cases; Mullan, S., Fawcett, A., Eds.; 5M Publishing: Sheffield, UK; pp. 37–68.
2. Mullan, S. and Main, D. (July/August 2001). Principles of ethical decision-making in veterinary practice. *In Practice*, pages 394 – 401. Retrieved on June 7, 2019 at http://inpractice.bmj.com/.
3. Rollin, Bernard E. (1999). An Introduction to Veterinary Medical Ethics Theory and Cases. Iowa State University Press, Ames, Iowa.
4. Tannenbaum, J. (1989). Veterinary Ethics. Williams & Wilkins, Baltimore, Maryland.

Video – Ethical Decision Making Video:

https://vimeo.com/386561727

* Please note that the hyperlink to the above video will not be accessible during the exam *

POSITION STATEMENT

Use of Non-Conventional Therapies in the Practice of Veterinary Medicine

Published: July 2021

Introduction

In recent years, members of the public have demonstrated an increased interest in the access to various non-conventional therapies. The popularity and prevalence of these therapies has grown in both human and veterinary medicine.

As the use of non-conventional therapies continues to expand in the practice of veterinary medicine, the safety and quality of the treatment and/or care provided to animal(s) remains paramount to animal welfare and the public interest.

Non-conventional therapies are provided by both veterinarians and non-veterinarians. This position statement serves to communicate Council's position on the use of non-conventional therapies by veterinarians in their own practice and those veterinarians who collaborate with non-veterinary animal care providers.

Background

Conventional veterinary medicine is the foundation of veterinary practice. Outside of conventional medicine, there are a variety of therapies broadly referred to as non-conventional therapies. Non-conventional therapies exist on a wide and evolving spectrum that ranges from higher to lower

risk in relation to their safety, efficacy, evidence base, and acceptance within conventional veterinary medicine.

The College's previous *Position Statement: The Practice of Complementary and Alternative Veterinary Medicine*, published over ten years ago, stated the use of complementary and alternative therapies constituted the practice of veterinary medicine and could only be performed by a veterinarian or under a veterinarian's supervision or delegation. Today this is no longer realistic. The public's expectation, in both human and animal healthcare, is to have access to, and choice in, selecting a provider for lower-risk non-conventional therapies.

The current reality is that many non-veterinarians are providing non-conventional therapies as treatment and/or care to animal(s), with or without veterinarian input. In most cases, the College does not consider this the practice of veterinary medicine. Exclusive scopes of practice, where all treatment and/or care for an animal(s) is provided by a veterinarian solely, are no longer feasible nor reasonable. The boundaries between conventional medicine and non-conventional therapies are not absolute. An updated regulatory approach that is risk-focused is required.

Definitions

Conventional Veterinary Medicine: Conventional veterinary medicine is defined as the type of treatment, diagnostic analysis, and conceptualization of disease or ailment that is the primary focus of the curricula of university faculties of veterinary medicine. Conventional veterinary medicine can also be referred to as traditional veterinary medicine or evidence-based veterinary medicine and is the type of veterinary medicine that is generally provided in veterinary hospitals and in clinical practice.[1]

Non-Conventional Therapy: Non-conventional therapy is defined as treatment and/or care that exists outside of conventional veterinary medicine. When non-conventional therapies are used in combination with conventional veterinary medicine, they are considered as integrative therapies. When they are used instead of conventional veterinary medicine, they are considered as alternative therapies.

[1] Adapted from the College of Physicians and Surgeons of Ontario Policy Statement #3-11: Complementary/Alternative Medicine

Position

Council acknowledges the continual evolution of the practice of veterinary medicine. Contemporary veterinary practice often includes the use of both conventional veterinary medicine and non-conventional therapies. Council's mandate is veterinary medicine and animal health and welfare, and includes the oversight of the use of both conventional and nonconventional therapies in the treatment and/or care of animals. This position balances access to care, consumer choice, and accountability.

If a veterinarian chooses to integrate non-conventional therapies into their conventional veterinary medicine practice, Council expects that the veterinarian considers:

- The veterinarian's individual sphere of competence;
- the level of evidence available for the therapy;
- the assessment of safety of the therapy; • the animal(s)' diagnosis (whether confirmed or differential);
- the animal's treatment needs; and
- their assessment and confidence in the competence of other providers who they are collaborating with, where applicable.

Council expects that a veterinarian who chooses to integrate non-conventional therapies into conventional veterinary medicine or to use them as an alternative to conventional veterinary medicine be licensed with the College, adhere to the published standards of practice of the profession, and obtain informed client consent in accordance with the College's *Professional Practice Standard: Informed Client Consent.* A veterinarian choosing to offer only a nonconventional therapy for the treatment of an animal(s) is expected not to hold that nonconventional therapy out as equivalent to, or better than, conventional medicine, unless said claim is supported by clear and consistent evidence, nor to recommend therapies that have been proven ineffective through scientific study.

Council strongly encourages professional collaboration between veterinary and non-veterinary providers with an aim to ensuring that sound diagnostics lead to a treatment and/or plan specific to the animal(s) and its circumstances.

Legislative Authority

Veterinarians Act R.S.O. 1990, c. V.3 s. 3
Ontario Regulation 1093 R.S.O. 1990 s. 19 made under the *Veterinarians Act*.

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

PROFESSIONAL PRACTICE STANDARD

Veterinary Euthanasia

Published: November 2016
Revised: July 2019, May 2021

Introduction

The decision to euthanize an animal can be an emotional and difficult time for clients and for veterinarians. It can also raise complex issues for veterinarians when deciding whether to perform euthanasia, refuse to perform euthanasia, or recommend the performance of euthanasia. The College recognizes the complexity of decision-making by a veterinarian when recommending euthanasia for an animal or group of animals. This standard sets out the College's expectations related to euthanasia performed by a veterinarian.

Definitions

Client: Client means, with respect to a veterinarian, the owner of an animal(s) or group of animals that the veterinarian is treating, an authorized representative of the owner or an individual who the member reasonably determines is acting in the interest of the animal(s) or group of animals.

Veterinary Euthanasia: Veterinary Euthanasia is the practice of deliberately ending the life of an animal or group of animals using humane methods that minimize pain and distress.

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Veterinary Euthanasia* when they:

1. Perform euthanasia only in the context of a veterinarian-client-patient relationship (VCPR) or in accordance with the authority provided by provincial and/ or federal animal welfare legislation.

2. Verify the legal ownership and identification of an animal or group of animals, to the best of their ability, prior to performing euthanasia.

3. Document in the medical record that the client has provided informed client consent prior to the performance of euthanasia in accordance with the Professional Practice Standard: Informed Client Consent.

4. Recommend that a client seek out another veterinarian who performs euthanasia if they do not perform euthanasia, or refuse to perform euthanasia in a particular case, inclusive of reasons.

5. Explain the process of performing euthanasia, including the visible effects that may occur, the length of time the process will take, and any after-effects that may be expected, if the client wishes to remain present during the process.

6. Follow species-specific accepted practices with respect to the method of performing euthanasia, and ensure that:

    - the method chosen is humane;
    - the method chosen minimizes pain and distress; and
    - the method chosen provides for safe animal handling and restraint, including the safety of the veterinarian, veterinary team, and other individuals present.

7. Delegate the performance of euthanasia after determining the necessary level of supervision (immediate, direct, or indirect) for the task in accordance with the Professional Practice Standard: Delegation.

8. Confirm the death of the animal or group of animals.

Disposal of Remains

9. Clearly identify the remains of the animal or group of animals following the performance of euthanasia, as applicable to the practice context.

10. Assure themselves with a reasonable degree of certainty of a client's preferences with respect to the method of disposal of the remains of the animal or group of animals.

11. Understand that the disposal of the remains of any animal must be executed in accordance with the provisions of the *Veterinarians Act*, the *Environmental Protection Act*, Ontario deadstock regulations, *Minimum Standards for Veterinary Facilities*, any applicable municipal by-laws, and any other legal requirements. Consider and employ biosecurity best practices to avoid biosecurity hazards.

Additional Considerations

12. Understand that they have an obligation to report animal abuse or neglect to a provincial animal welfare inspector when they have reasonable grounds to believe that an animal or group of animals have been abused or neglected in circumstances that require euthanasia.

13. Ask questions about biting or other contact incidents that could result in the transmission of the rabies virus to a person that occurred within the 10 days preceding the planned euthanasia of an animal or group of animals. Manage the euthanasia of an animal or group of animals involved in such incidents in accordance with the relevant provincial legislation and regulation as outlined in the *Legislative Overview: Rabies*.

Guide to the Standard

A separate *Guide to the Professional Practice Standard: Veterinary Euthanasia* has been developed by the College and can be found on the Colleges' website www.cvo.org.

Legislative Authority

R.R.O. 1990, Reg. 1093: General, s. 1, 17(1) 21, 17(1) 22, 17(1) 22.1, 18, 19, 27, 28, 33(2)(f) (*Veterinarians Act*)
Animals for Research Act, R.S.O. 1990, c. A.22
R.R.O. 1990, Reg. 557, Communicable Diseases - General s. 2 (*Health Protection and Promotion Act*)
O. Reg. 106/09: Disposal of Dead Farm Animals (*Nutrient Management Act*)
O. Reg. 105/09: Disposal of Deadstock (*Food Safety and Quality Act*)
Environmental Protection Act, R.S.O. 1990, c. E.19 and regulations
Provincial Animal Welfare Services Act, 2019, S.O. 2019 c. 13
Livestock Community Sales Act, R.S.O. 1990, c. L.22
O. Reg. 31/05: Meat, 2001, S.O. 2001, c. 20, s. 84.1 (*Food Safety and Quality Act*)
Minimum Standards for Veterinary Facilities, Titles 6 and 12, clause 13.4

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Informed Client Consent*
2. *Guide to the Professional Practice Standard: Informed Client Consent*
3. *Professional Practice Standard: Medical Records*
4. *Guide to the Professional Practice Standard: Medical Records*
5. *Professional Practice Standard: Prescribing a Drug*
6. *Guide to the Professional Practice Standard: Prescribing a Drug*
7. *Professional Practice Standard: Dispensing a Drug*
8. *Guide to the Professional Practice Standard: Dispensing a Drug*
9. *Professional Practice Standard: Extra-Label Drug Use*
10. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
11. *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
12. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
13. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
14. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
15. *Professional Practice Standard: Delegation*
16. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
17. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
18. *Professional Practice Standard: Humane Animal Handling and Restraint*
19. *Position Statement: Reporting Animal Abuse or Neglect*

20. Legislative Overview: Rabies

21. Legislative Overview: Mandatory Reporting

Additional Resources

Codes of Practice – National Farm Animal Care Council American Veterinary Medical Association Guidelines for the Euthanasia of Animals: 2020 Edition

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POSITION STATEMENT

Pain Management in Veterinary Medicine

Published: July 2019

Introduction

This Position Statement communicates the expectation of the College of Veterinarians of Ontario regarding the management of pain in animals in the delivery of veterinary medicine. While respecting the veterinarian's professional judgement in relation to specific scientific evidence and case context, this Position Statement provides broad guidance to veterinarians and reinforces their professional obligation to the prevention and alleviation of animal pain and suffering.

Background

The prevention and relief of pain and suffering in all animals (small and large) is one of the professional pillars of veterinary medicine as clearly stated in the Canadian Veterinary Oath 2018. Experts, such as the American College of Veterinary Anesthesia and Analgesia, outline animal pain (acute or chronic) and suffering as a clinically important condition and promote the prevention of such as a singularly important and therapeutic goal.[1]

The effective prevention and treatment of pain in animals, across the vast spectrum of veterinary medicine, is complex. Pain prevention and management includes considerations of constantly evolving standards of care, inter-species differences in standards of care, ethics, the application of a veterinarian's clinical judgement, and informed client consent and education. In formulating its position, Council acknowledges that particular species groups differ in pain management options and

[1] American College of Veterinary Anesthesia and Analgesia Position Paper on the Treatment of Pain in Animals (2006)

choices, and concludes that in certain circumstances the complete elimination of pain in individual animals may not be obtainable.

Definitions[2]

Pain: Pain is the unpleasant sensory and emotional experience associated with actual or potential tissue damage. It is a complex phenomenon involving pathophysiological and psychological components that may be difficult to interpret in animals. An individual animal's response to pain varies with many factors inclusive of age, sex, health status, species variation and breed differences, and evidence concludes that pain in animals occurs with the same intensity and feeling as that which occurs in humans with a similar problem.[3]

Suffering: Suffering is a term frequently used in conjunction with pain, implying the conscious endurance of pain or distress. Suffering may refer to a wide range of intense and unpleasant subjective states that may be of physical or psychologic origin.

Integrative Therapy: Integrative therapy describes the combination of complementary and alternative therapies with conventional care and is guided by the best available evidence,[4]

Position Statement

Deliberate attention to the prevention, recognition and management of animal pain and suffering is a cornerstone to the provision of ethical and humane veterinary medicine. This obligation applies to all animals, in all cases, medical or surgical, where the potential for pain exists.

A veterinarian is expected to maintain current knowledge and skill in the prevention, recognition, and management of pain in animals served within their scope of practice. The prevention and alleviation of animal pain and suffering is considered an essential therapeutic goal with therapeutic strategies aimed at improving an animal's ability to cope with pain, thereby decreasing suffering. Appropriate treatment is inclusive of pharmacological therapy, integrative therapy, and environmental adaptation.

[2] American College of Veterinary Anesthesia and Analgesia Position Paper on the Treatment of Pain in Animals (2006)
[3] Joanne Paul-Murphy, John W. Ludders, Sheilah A. Robertson, et al. The need for a cross-species approach to the study of pain in animals. Special Report JAVMA, Vol 224, No. 5, pp 692-697, March 1, 2004
[4] M.A. Memon et al. Integrative veterinary medical education and consensus guidelines for an integrative veterinary medicine curriculum within veterinary colleges. Open Veterinary Journal, Vol 6 No.1 pp 44-56, March 28, 2016.

References

Canadian Veterinary Oath

"As a member of the veterinary medical profession, I solemnly swear that I will use my scientific knowledge and skills for the benefit of society. I will strive to promote animal health and welfare, prevent and relieve animal suffering, protect the health of the public and environment, and advance comparative medical knowledge. I will practise my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics. I will strive continuously to improve my professional knowledge and competence and to maintain the highest professional and ethical standards for myself and the profession."[5]

All science, inclusive of appropriate anesthesia and analgesia in a particular circumstance, evolves over time. Some suggested references include:

1. WSAVA Global Pain Council Guidelines available for download.
2. International Veterinary Academy of Pain Management Pain Information and Guidelines available at https://ivapm.org/professionals/.
3. Karol A. Mathews, Melissa Sinclair, Andrea M. Steele, Tamara Grubb. Analagesia and Anesthesia for the Ill or Injured Cat and Dog, 2018 WILEY Blackwell, NJ, USA. Table of Contents and complete Index available for download.

Veterinarians are urged to access a broad source of current and credible resources to assist with their competency in the management of pain in the animals they have the privilege to treat.

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

[5] CVMA 2018 – https://www.canadianveterinarians.net/about-cvma/the-canadian-veterinary-oath/ [emphasis added]

POSITION STATEMENT

Medically Unnecessary Veterinary Surgery

Published: October 2016

Introduction

Owners of animals in Ontario continue to retain the right to request and consent to surgeries on an animal, this is inclusive of surgeries which the general public may refer to as "cosmetic" in nature.

Society continues to raise concerns related to the performance of unnecessary surgery, and more specifically to the altering of an animal [ear cropping, tail docking (cows, dogs) or nicking (horses), declawing] where there is no medical reason to support the procedure.

Veterinarians, as advocates of animal welfare[1], are generally not supportive of any procedure on an animal that is neither necessary nor based on sound scientific evidence. The interplay between these competing interests and positions presents a constant ethical dilemma for the veterinarian which challenges decision making in practise.

Definitions

Client: Client means, with respect to a veterinarian, the owner of an animal(s) or group of animals that the veterinarian is treating, an authorized representative of the owner, or an individual who the veterinarian reasonably determines is acting in the interest of the animal(s) or group of animals.

[1] College of Veterinarian of Ontario – *Position Statement: Animal Welfare*

Medically Unnecessary Veterinary Surgery: Medically unnecessary veterinary surgeries are those that are either not required or are not in the animal's overall best interest. The College of Veterinarians of Ontario (the College) uses the broad term "medically unnecessary veterinary surgery" (MUVS) rather than "cosmetic surgery," as the term "cosmetic" is open to changing and subjective interpretation.

Position

A licensed veterinarian is authorized in the *Veterinarians Act* to perform any surgical procedure that has been determined by a veterinarian to be reasonably appropriate and necessary for the animal in that specific circumstance, and in keeping with an established veterinarian-client-patient relationship (VCPR). Veterinarians make recommendations to clients about surgery on an animal based on the best available evidence for the need to perform the surgery under the circumstances, including the risks and benefits, and any alternatives.

While the College, in alignment with broad based veterinary opinion, does not support any unnecessary surgery to an animal(s), it is of the opinion that without similar and consistent changes to other legislation relevant to animal welfare, any restriction on veterinarians performing specific surgical procedures could create unintended consequences that would not support safe animal care.

Further, the College supports veterinarians in their leadership of the education of clients who request "medically unnecessary" surgeries in an attempt to influence their choices and perspectives in the interests of any and all animals.

Resources

The following can be found at the College's website at cvo.org:

1. *Position Statement: Animal Welfare*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

POLICY STATEMENT

Provision of Veterinary Services to Wildlife

Published: July 2020

Introduction

Ontario is home to a diverse wildlife population that inhabits both the rural and urban areas of the province. These species play an important role in Canada's ecosystem, and their protection and preservation are essential to maintaining a well-balanced environment for both humans and animals alike.

In order to ensure that wildlife are properly managed and cared for, there are a variety of federal and provincial laws and regulations that have been developed to outline the legal ways in which an individual can interact with these species. In Ontario, these legal requirements are overseen and enforced by a variety of government agencies, including the Ministry of Natural Resources and Forestry, the Ministry of Agriculture, Food and Rural Affairs, the Ministry of Environment, Conservation and Parks, and the Ministry of the Solicitor General.

Safe and effective veterinary care is an essential part of providing services to wildlife when necessary. Given this, a veterinarian may choose to work in either a paid or volunteer capacity to help ensure that wildlife receives appropriate and effective veterinary treatment. The provision of veterinary services to wildlife is unique in the practice of veterinary medicine and requires a veterinarian to develop expertise, knowledge and relationships outside the realm of traditional practice.

As this is an area of practice that intersects across numerous areas of oversight and accountability, it is important that veterinarians understand the legal and regulatory frameworks that shape this subset of veterinary medicine.

Purpose

This policy statement has been developed as a resource to support veterinarians who provide, or are considering providing, veterinary services to animals designated as wildlife.

Definition

Game Wildlife: Game wildlife means a fur-bearing mammal, game amphibian, game bird, game mammal or game reptile.[1]

Migratory Bird: means a migratory bird referred to in the Convention found in the schedules of the Migratory Birds Convention Act and includes the sperm, eggs, embryos, tissue cultures, and parts of the bird.[2]

Specially Protected Wildlife: Specially protected wildlife means a specially protected amphibian, specially protected bird, specially protected invertebrate, specially protected mammal or specially protected reptile, as outlined in Schedules 6 to 11 of the *Fish and Wildlife Conservation Act*.[3]

Wildlife: Wildlife means an animal that belongs to a species that is wild by nature and includes game wildlife and specially protected wildlife.[4]

[1] Definition taken from the *Fish and Wildlife Conservation Act*, 1997.
[2] Definition adapted from the *Migratory Bird Convention Act*, 1994.
[3] Definition taken from the *Fish and Wildlife Conservation Act*, 1997.
[4] Definition taken from the *Fish and Wildlife Conservation Act*, 1997.

Wildlife Custodian: Wildlife custodian means a person authorized by the Ministry of Natural Resources and Forestry to keep injured, sick or immature game wildlife or specially protected wildlife for the purpose of rehabilitating or caring for them.[5]

General Requirements

Overview

Any veterinarian who provides veterinary services to an animal in Ontario, including wildlife, is required to be licensed by the College and adhere to all applicable practice standards regardless of whether they are compensated for their services.

A veterinarian who provides veterinary services to wildlife in Ontario must do so from an accredited facility. While there is no specific facility type for wildlife, a veterinarian may practice from another facility type determined by their scope of practice,

Treating Wildlife Presented to an Accredited Facility by a Member of the Public

A veterinarian may provide veterinary services to wildlife that is presented by a member of the public at an accredited facility for emergency treatment without establishing a veterinarian-client-patient relationship (VCPR). However, it is expected that any wildlife treated by a veterinarian be transferred to a wildlife custodian for rehabilitation or release once the animal is stable. If a veterinarian wishes to provide rehabilitation to an animal classified as wildlife beyond completion of emergency treatment, they are required to become authorized as a wildlife custodian.

In accordance with Section 61 of the *Provincial Animal Welfare Services Act*, a veterinarian is permitted to euthanize wildlife presented to an accredited facility by a member of the public without consent if they determine through their professional judgement that the animal is suffering and euthanasia is the most humane course of action.

Treating Wildlife in the Care of a Wildlife Custodian

A wildlife custodian is a person or organization that has been authorized by the Ministry of Natural Resources and Forestry to keep and make care decisions for wildlife for the purpose of rehabilitation.

[5] Definition taken from the *Fish and Wildlife Conservation Act*, 1997.

All wildlife custodians are expected to form a VCPR with a veterinarian. Before forming this relationship, a veterinarian is expected to confirm that the individual they are engaging with is a Ministry-authorized wildlife custodian.

A veterinarian is permitted to establish standard operating procedures (SOPs) with a wildlife custodian should they determine that it is appropriate within the context of the VCPR.

A veterinarian is able to euthanize wildlife in the care of a wildlife custodian in accordance with their professional judgement. A veterinarian is also permitted by regulation to dispense T-61 to a wildlife custodian for the purpose of euthanasia.

Legislative Authority

Veterinarians Act, R.S.O. 1990, c. V.3 R.R.O. 1990,
Reg 1093 (*Veterinarians Act*), in particular Section 33 (2)(f)(c)
Fish and Wildlife Conservation Act, S.O. 1997, c. 41
O. Reg. 668/98: Wildlife in Captivity, s. 44 (*Fish and Wildlife Conservation Act*, 1997)
Endangered Species Act, 2007, S.O. 2007, c. 6
O. Reg. 242/08: General, s. 15-16 (*Endangered Species Act*, 2007)
Provincial Animal Welfare Act, 2019
Migratory Birds Convention Act, 1994.

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Informed Client Consent*
2. *Guide to the Professional Practice Standard: Informed Client Consent*
3. *Professional Practice Standard: Medical Records*
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12. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
13. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
14. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*

15. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
16. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
17. *Professional Practice Standard: Veterinary Euthanasia*
18. *Professional Practice Standard: Humane Animal Handling and Restraint*
19. *Position Statement: Reporting Animal Abuse or Neglect*

Other Resources

Ministry of Natural Resources and Forestry - Wildlife Rehabilitation Policy – available from any Ministry of Natural Resources and Forestry District Office: https://www.ontario.ca/page/ministry-natural-resources-and-forestry-regional-and-district-offices

Ministry of Natural Resources and Forestry – Keeping Wild Animals in Captivity: https://www.ontario.ca/page/keep-wild-animals-captivity

Ministry of Natural Resources and Forestry – Rescue a Sick, Injured or Abandoned Wild Animal: https://www.ontario.ca/page/rescue-sick-injured-or-abandoned-wild-animal

Ministry of Natural Resources and Forestry – Find a Wildlife Rehabilitator: https://www.ontario.ca/page/find-wildlife-rehabilitator

AVMA Guidelines for the Euthanasia of Animals: 2020 Edition: https://www.avma.org/sites/default/files/2020-01/2020_Euthanasia_Final_1-15-20.pdf

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

POSITION STATEMENT

Animal Welfare

Published: November 2015
Revised: April 2020

Introduction

Matters pertaining to animal welfare are increasingly receiving public attention and garnering strong emotional reactions. When these issues involve veterinary services, the public understandably looks to the College of Veterinarians of Ontario for a response. This statement has been developed to assist the public in understanding the College Council's position related to animal welfare in general.

Position Statement

The welfare of animals is a societal matter grounded in moral and ethical obligations. The veterinary profession swears its overarching commitment to animal health and wellbeing in the Veterinarians Oath.[1]

When matters involving animal welfare and the practice of veterinary medicine are brought to the attention of the College, the Council of the College acknowledges its responsibility to debate, consider, and offer its perspective. In deciding whether to provide guidance to the profession and the public on

[1] "As a member of the veterinary medical profession, I solemnly swear that I will use my scientific knowledge and skills for the benefit of society.

I will strive to promote animal health and welfare, relieve animal suffering, protect the health of the public and environment, and advance comparative medical knowledge.

I will practise my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

I will strive continuously to improve my professional knowledge and competence and to maintain the highest professional and ethical standards for myself and the profession."

topics impacting animal quality of life, the Council focusses its review on the relevant risks and consequences of the problem in relation to veterinary medicine. In particular, Council considers how its role in the licensure, accreditation, quality assurance and/or complaints management of veterinarians could be leveraged to positively influence outcomes that support animal health and wellbeing. Further, in determining any final decision on a College position on such important matters, the College is respectful of the leadership roles of the government agencies charged with monitoring animal welfare in the province of Ontario.

Resources

1. *Animal Health Act* (http://www.ontario.ca/laws/statute/09a31)
2. Canadian Council on Animal Care (https://ccac.ca/)
3. Humane Canada (https://humanecanada.ca/)
4. Colonel KL Campbell Centre for the Study of Animal Welfare (http://www.uoguelph.ca/csaw/)
5. Animal Health Canada (https://animalhealthcanada.ca/)
6. Ontario Ministry of Agriculture, Food and Rural Affairs – Animal Health and Welfare Branch (http://www.omafra.gov.on.ca/english/food/inspection/ahwb_structure.htm)
7. *Provincial Animal Welfare Services Act* (https://www.ontario.ca/laws/statute/19p13)

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PROFESSIONAL PRACTICE STANDARD

Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)

Published: July 2016
Revised: April 2020; December 2022

Introduction

The veterinarian-client-patient relationship (VCPR) is the foundation upon which the delivery of clinical veterinary medicine is based.

A VCPR, in accordance with Section 18 of Regulation 1093, is established when a veterinarian and a client reach agreement about the scope of services to be provided to an animal(s) or group of animals.

A VCPR must exist before a veterinarian recommends or provides any veterinary services (including prescribing, dispensing, or administering drugs) for any animal(s) or group of animals, unless one of the listed exceptions applies.

Establishing and maintaining a VCPR is separate from seeking informed client consent for a specific assessment or treatment.

Definitions

Client: Client means, with respect to a veterinarian, the owner of an animal(s) or group of animals that the veterinarian is treating, an authorized representative of the owner, or an individual who the veterinarian reasonably determines is acting in the interest of the animal(s) or group of animals.[1]

Group of animals: Veterinarians may provide services to a group of animals at the premises where the animals are housed or managed (e.g. farm, shelter, breeder, assembly yard, etc.). Through visits to the premise where the group of animals is kept and discussions with the client, the veterinarian acquires and maintains a current understanding of the managed environment and of the client's abilities with respect to recognizing signs of disease and administering drugs and treatment plans.

Scope of services: Scope of services are defined as the veterinary services that will be provided by the veterinarian and/or the veterinary team to an animal(s) or group of animals. Scope of services can vary depending on the particular circumstances and parameters that exist within the presenting animal(s) or group of animals. Services may be very narrow in scope or very broad in their inclusion of types of assessment and treatment over a period of time.

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)* when they:

Establishing a VCPR

1. Understand that a VCPR must be established by a veterinarian.

2. Understand that a veterinarian can choose when they enter into a VCPR.

3. Establish a VCPR prior to providing clinical veterinary services (including the prescribing, dispensing, or administering of drugs) for an animal(s) or group of animals.

4. Understand that a VCPR is a relationship established between a veterinarian and a client for the provision of veterinary services to a specific animal(s) or group of animals.

[1] Developed based on the definition of client contained in Section 1 of Regulation 1093.

5. Understand that a VCPR is established when the veterinarian:

    (i) has been retained by the client;
    (ii) has reached an agreement with the client as to the scope of services to be provided by the veterinarian; and
    (iii) has advised the client that services will only be provided in accordance with the standards of the practice of the profession.[2]

6. Inform the client of any additional associated conditions of the VCPR including how the VCPR will be maintained.

7. Consider establishing a VCPR in writing in circumstances where there is increased complexity to ensure both parties understand the scope of services to be provided.

8. Understand and communicate to a client that has an existing VCPR with another veterinarian licensed in Ontario, that to ensure continuity of care, a veterinarian may only treat an animal(s) or group of animals after:

    (i) notifying the other veterinarian that is providing care to the animal(s) or group of animals that they will be providing care and obtaining relevant historical information from said veterinarian as soon as possible; and
    (ii) advising the client that treating an animal(s) or group of animals that is receiving care from another veterinarian who did not provide a referral that such uncoordinated services may place the animal(s) or group of animals at risk.

Maintaining a VCPR

9. Understand that once a VCPR has been established it can be maintained by either the veterinarian who established the VCPR or by any other veterinarian that is associated with the same accredited facility where the VCPR was established.

10. Understand that after establishing a VCPR they are required to obtain the client's informed consent for each specific service or group of services to be provided in accordance with the *Professional Practice Standard: Informed Client Consent.*

[2] In accordance with Section 18 of Regulation 1093.

11. Understand that a veterinarian is expected to maintain recent and sufficient knowledge of an animal(s) or group of animals to make a general or preliminary diagnosis or to prescribe, administer, or dispense a drug in accordance with the *Professional Practice Standard: Prescribing a Drug* and the *Professional Practice Standard: Dispensing a Drug*.

12. Understand that a veterinarian is responsible for providing reasonably prompt services outside of their regular practice hours if the services are medically necessary for animals they have treated recently or they treat regularly in accordance with the *Policy Statement: After-Hours Care Services.*

Discontinuing a VCPR

13. Understand that the VCPR most often concludes when the scope of services agreed upon between the veterinarian and the client are completed. Outside of these circumstances, understand that a veterinarian may choose to discontinue a VCPR for a variety of reasons and that discontinuing a VCPR requires clear communication with a client, including adequate notice of the discontinuation of a VCPR, allowing the client a reasonable amount of time in which to arrange care with another veterinarian including the appropriate transfer of medical information in accordance with the *Professional Practice Standard: Medical Records*.

14. Understand that a request for the transfer of medical records is tied to continuity of care and does not automatically indicate the discontinuation of a VCPR.

Exceptions to the Requirement for a VCPR

Exceptions to the requirement that a VCPR must be established before a veterinarian can provide veterinary services (including prescribing, dispensing, or administering drugs) may exist in some circumstances. These include where a veterinarian:

(a) Acting reasonably, determines that there is an emergency situation and that an animal or animals require(s) immediate veterinary services;
(b) Is an employee or contractor of the Crown in right of Canada or the Crown in right of Ontario and is providing veterinary services as part of that employment or contractual relationship;
(c) Is providing veterinary services in or from a temporary facility;[3]

[3] Such as a member providing services in ophthalmic, cardiac, or deafness screening clinics or conducting electronic identification device (EID) implantation programs in accordance with College policies.

(d) Is providing veterinary services that are permitted or required under the *Dog Owners' Liability Act,* the *Animals for Research Act*, the *Provincial Animal Welfare Services Act*, the *Animal Health Act*, 2009 or under any other Act except for the *Veterinarians Act*;
(e) Is retained or employed by a person other than an animal's owner to conduct an independent examination of the animal and report on the animal's health to that person; or
(f) Administers or dispenses a drug pursuant to a prescription (other than for a controlled substance):

- that was issued by another member where it is not reasonably possible for the client to obtain the drug from the prescribing member;
- where it is necessary in the animal's interests to dispense without delay;
- where they made a reasonable effort to discuss the matter with the prescribing member;
- where a sufficient assessment of the animal's circumstances is carried out;
- where the quantity of the drug dispensed is no more than would reasonably enable the client to return to the prescribing member for future prescriptions; and
- where they make a written record of the transaction.

Guide to the Professional Practice Standard

A separate *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR) has* been developed by the College and can be found on the Colleges' website www.cvo.org.

Legislative Authority

Veterinarians Act, R.S.O. 1990, c. V.3
R.R.O. 1990, Reg. 1093: General, s. 1, 17(1)(40), 18, 20, and 33 (*Veterinarians Act*)

Resources

The following can be found at the College's website at cvo.org:

1. *Guide to the Professional Practice Standard: Veterinarian-Client-Patient Relationship*
2. *Professional Practice Standard: Medical Records*
3. *Guide to the Professional Practice Standard: Medical Records*
4. *Professional Practice Standard: Prescribing a Drug*
5. *Guide to the Professional Practice Standard: Prescribing a Drug*
6. *Professional Practice Standard: Dispensing a Drug*

7. *Guide to the Professional Practice Standard: Dispensing a Drug*
8. *Professional Practice Standard: Extra-Label Drug Use*
9. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
10. *Professional Practice Standard: Delegation*
11. *Professional Practice Standard: Informed Client Consent*
12. *Guide to the Professional Practice Standard: Informed Client Consent*
13. *Professional Practice Standard: Use of Compounded Products in Veterinary Practice*
14. *Guide to the Professional Practice Standard: Use of Compounded Products in Veterinary Practice*
15. *Policy Statement: Cardiac Screening Programs*
16. *Policy Statement: Conducting Programs for the Implantation of Electronic Identification Devices in Companion Animals*
17. *Policy Statement: Congenital Deafness Screening Programs for Companion Animals*
18. *Policy Statement: Ophthalmic Screening Program*
19. *Position Statement: Temporary Emergency Facilities*
20. *Policy Statement: After-Hours Care Services*
21. *Policy Statement: Managing Questions of Ownership and Ownership Disputes of Companion Animals*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)

Published: July 2016
Revised: April 2017; November 2017; December 2022, March 2023

Introduction

The College's *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)* establishes the expectations that are fundamental for a VCPR. The VCPR is the foundation upon which the delivery of clinical veterinary medicine is based. A VCPR, in accordance with Section 18 of Regulation 1093, is established when a veterinarian and a client reach agreement about the scope of services to be provided to an animal(s) or group of animals. Using a question-and-answer format, this *Guide to the Professional Practice Standard* addresses questions and offers how to apply the *Professional Practice Standard* in situations that arise in veterinary practice.

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Establishing a VCPR

1. Who can establish a VCPR?

A VCPR may only be established by a veterinarian. The task of establishing a VCPR cannot be delegated.

2. When is a VCPR required?

A veterinarian is required to establish a VCPR prior to providing veterinary services (including the prescribing, dispensing, or administering of drugs) for any animal(s) or group of animals.

There are rare and specific circumstances where a VCPR is not required before providing veterinary services, such as in emergency situations. For more information, please refer to Sections 18 and 33 of Regulation 1093.

3. Does a veterinarian have to establish a VCPR with all individuals requesting their services?

A veterinarian is under no obligation to establish a VCPR. A veterinarian is expected to practice within their sphere of knowledge and competency and use their professional judgment to determine if they wish to establish a VCPR.

4. Who can a veterinarian establish a VCPR with?

A veterinarian may establish a VCPR with the owner(s) of the animal(s) or group of animals, an authorized agent of the owner(s) or an individual who the veterinarian reasonably determines is acting in the best interest of the animal(s) or group of animals.

Veterinarians must document the client's name and contact information in the medical record, and should include the names and contact information for all owners and authorized agents of the owner(s) that have decision-making authority when the VCPR is established.

If the ownership of an animal(s) or group of animals is unclear or where there is a dispute over ownership, please refer to the *Policy Statement: Managing Questions of Ownership and Ownership Disputes of Companion Animals* for further information.

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5. What components must be met in order to establish a VCPR?

A VCPR is established through an intentional conversation between a veterinarian and a client. A VCPR can be established in-person or via telemedicine by using electronic means. The conversation to establish a VCPR must contain all of the following components:

- The veterinarian has been retained by the client;
- The veterinarian and client have reached an agreement on the scope of services to be provided by the veterinarian; and
- The veterinarian has advised the client that services will only be provided in accordance with the standards of practice of the profession[1].

Veterinarians are encouraged to consider establishing a VCPR in writing in circumstances where there is increased complexity to ensure both parties understand the scope of services to be provided. They may do this by providing a document for the client to review and keep.

6. How can a veterinarian discuss the scope of services with a client when establishing a VCPR?

A veterinarian must discuss and reach an agreement with a client as to the scope of services to be provided by the veterinarian. The scope of services can vary depending on particular circumstances and can be very narrow or very broad in their inclusion of types of assessment and treatment over any period of time.

Examples of details that should be shared during a scope of services discussion include:

- The range of services to be provided;
- The way in which the services are to be provided; and
- The duration for which the services are to be provided.

If a veterinarian is concerned that a client may not be understanding the scope of services that they are offering, they are encouraged to provide a written copy to review and keep.

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[1] In accordance with Section 18 of Regulation 1093

7. Can a veterinarian establish a scope of services that does not include after-hours care?

A veterinarian is responsible for providing reasonably prompt services outside of their regular business hours if the services are medically necessary for an animal(s) or group of animals they have treated recently or they treat regularly[2]. A veterinarian is not permitted to set a scope of services that does not uphold this requirement.

Where a veterinarian provides a limited scope of services, their obligation for after-hours care services may pertain directly to the services that they have provided.

For more information related to the provision of after-hours care services, please refer to *Policy Statement: After-Hours Care Services.*

8. When establishing a VCPR, can a veterinarian place duties on the client for maintaining the VCPR?

Given the interconnected nature of the VCPR, it is reasonable for the veterinarian to request that the client contribute to maintaining the relationship. The duties of the client should be clearly outlined during establishment of the VCPR. Potential duties may include:

- Intervals for examinations;
- Client conduct and accepted behaviour; and
- Terms of discontinuation for non-payment.

When discussing the client's duties, the veterinarian should ensure that the client understands their duties and answers any questions that may arise. At no time can a veterinarian assign duties to a client that are a veterinarian's responsibility.

If a veterinarian is concerned that a client may not understand the duties that are being applied, it is the veterinarian's responsibility to ensure clarity. In circumstances of increased complexity, veterinarians are encouraged to provide clients with a written copy of the duties to review and keep.

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[2] In accordance with Section 20 of Regulation 1093

9. What else should a veterinarian discuss with a client when establishing a VCPR to ensure continuity of care?

If a client has an existing VCPR with another veterinarian licensed in Ontario, a veterinarian is expected to inform the client that they may only provide treatment after they:

(a) notify the other veterinarian that is providing care to the animal(s) or group of animals that they will be providing care and obtaining relevant historical information from said veterinarian as soon as possible; and

(b) advise the client that treating an animal(s) or group of animals that is receiving care from another veterinarian who did not provide a referral that such uncoordinated services may place the animal(s) or group of animals at risk.

10. Is a veterinarian required to provide veterinary services for all animal(s) or group of animals owned by the client?

A VCPR is formed between a veterinarian and a client for a specific animal(s) or group of animals. Unless otherwise agreed to at the establishment of the VCPR, a veterinarian is not obligated to provide veterinary services to any other animal(s) or group of animals owned by the client.

11. When a receptionist at a veterinary facility books an appointment for an initial visit, is a VCPR automatically established?

A VCPR can only be established through an intentional conversation between a veterinarian and a client. Given this, the booking of an initial appointment by a member of a veterinarian's team does not constitute the establishment of a VCPR.

Individuals may be under the assumption that the booking of an appointment means that a VCPR has been established. To avoid confusion, veterinarians are encouraged to direct their teams to inform all individuals that part of their first visit will be a discussion with a veterinarian about the possibility of establishing a VCPR.

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Applied Scenarios

Scenario One:
A veterinarian works at a facility that provides general medical and surgical services for food producing animals, specifically for dairy cows. The veterinarian explains to clients that they provide preventive healthcare services, general medical and surgical services, and services outside of regular hours of operation when there is an urgent medical need for all animals in the herd. A veterinarian explains that the VCPR has no pre-determined endpoint and either the veterinarian or the client can end the VCPR if they feel the relationship is not able to continue.

Scenario Two:
A veterinarian working at a companion animal hospital explains to clients that they provide general medical, diagnostic, dental and surgical services; preventative health care; nutrition and behaviour consultations; non-conventional therapies such as laser therapy. Referrals to specialists and/or other veterinary clinics are made pending the expertise required for a given circumstance. The veterinarian also explains how after-hours care services will be provided. The VCPR will continue until such time as the veterinarian, or the client decide that it should be discontinued

Scenario Three:
An individual calls a companion animal hospital concerned that their dog has an ear infection. The veterinarian discusses with the individual that the clinic can establish a VCPR limited to providing treatment related to the ear infection only. The VCPR will be discontinued once the ear infection has resolved, and the patient is no longer on medication if any is prescribed. Provision of after-hours care would be related to the ear infection only. If any new health concerns occur during this treatment time, the veterinarian will need to decide if they wish to establish a new VCPR to offer a new scope of services.

Scenario Four:
A veterinarian works at a facility that is restricted to performing equine spinal manipulative therapy. The veterinarian explains to clients the scope of services to be provided within the VCPR. This includes that the provision of after-hours care services is limited to care related only to the treatment provided by that veterinarian. The veterinarian also explains that the VCPR is discontinued once the agreed upon treatment plan (one treatment or a series of treatments) has been completed.

Scenario Five:
When establishing a VCPR with a client, a veterinarian describes the scope of services that are to be

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provided by both the veterinarian and the veterinary facility as well as what is expected of the client to maintain the VCPR. The veterinarian clearly explains and provides in writing that any form of verbal abuse or threatening behaviour toward the staff of the clinic and non-payment of fees will result in the VCPR being discontinued.

Maintaining a VCPR

12. In a multi-practitioner facility, if the VCPR is established by one of the veterinarians, can other veterinarians working at or from that facility maintain the VCPR?

Once a VCPR has been established it can be maintained by either the veterinarian who established the VCPR or by any other veterinarian who works at or from the same accredited facility where the VCPR was established. When the VCPR is established, the client should be informed that other veterinarians at the facility may provide services within the VCPR.

13. If the veterinarian who established a VCPR at a multi-practitioner facility leaves the practice and starts work at a new facility – does the VCPR transfer to the veterinarian's new facility?

When a VCPR is established by a veterinarian at a multi-practitioner accredited facility the VCPR remains with the veterinarian(s) at that accredited facility. If the veterinarian who established the VCPR leaves the accredited facility the VCPR does not "travel" with them.

If the client wishes to have the original veterinarian continue to treat their animal(s) or group of animals, a new VCPR will need to be established at the veterinarian's new accredited facility.

If the client wishes to continue to receive veterinary care for their animal(s) or group of animals at the original accredited facility, a new VCPR is not required.

14. If a veterinarian outlines their scope of services, are they still required to obtain informed client consent?

Scope of services and informed client consent are two distinct and separate concepts. A veterinarian is required to obtain informed client consent for each specific service or group of services to be provided in accordance with the *Professional Practice Standard: Informed Client Consent*.

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Discontinuing a VCPR

15. How does a VCPR come to an end?

A VCPR ends when the scope of services agreed upon between the veterinarian and the client are completed, ownership of the animal(s) or group of animals has changed, or upon the death of the animal(s) or group of animals.

A VCPR can also end through the process of discontinuation. This occurs in situations where the veterinarian and/or the client determine that they would no longer like to maintain the VCPR. There are a number of reasons why a veterinarian may choose to discontinue a VCPR. These include:

- Persistent non-adherence to recommended treatment plans;
- Differences in philosophy as to the approach taken to diagnose and treat the animal(s) or group of animals;
- Verbal abuse or threatening behaviour of a client towards the veterinarian and/or staff;
- Unreasonable demands for unnecessary medications and services, requesting illegal or unethical actions; or
- For non-payment of fees owed for services rendered.

A veterinarian may also choose to discontinue a VCPR if a client fails to uphold their duties for maintaining the VCPR that were agreed to when the VCPR was established.

16. Does a veterinarian need to provide notice to a client when the VCPR ends at the conclusion of the scope of services, when the ownership of the animal(s) or group of animals changes, or upon the death of the animal(s) or group of animals?

A veterinarian is not required to provide a client with notice in these circumstances. However, should a veterinarian wish to ensure that a client understands that the VCPR has ended, they may provide notice to the client.

17. Does a veterinarian need to provide notice when discontinuing a VCPR?

A veterinarian is required to provide the client with adequate notice when they choose to discontinue the VCPR, allowing the client a reasonable amount of time to arrange care with another veterinarian and to ensure the appropriate transfer of medical information in accordance with the *Professional Practice Standard: Medical Records.*

When notice is given, it should specify:

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- A date after which services will no longer be provided;
- Indication that until that date, emergency services will be provided to the animal(s) or group of animal(s); and
- Information about the transfer of medical records.

18. When discontinuing a VCPR, does a veterinarian have to provide written notice to the client?

A veterinarian is not required to provide written notice to the client when discontinuing a VCPR. In many cases, verbal notice is sufficient. It should, however, also be documented in the medical record.

While not required, veterinarians are encouraged to provide written notice in circumstances of increased emotion or potential conflict in order to ensure clarity and understanding.

When written notice is given, it should specify:

- A date after which services will no longer be provided;
- Indication that until that date, emergency services will be provided to the animal(s) or group of animal(s); and
- Information about the transfer of medical records.

A sample discontinuation letter is provided in Appendix A to illustrate how written notice may be provided.

19. What is a reasonable amount of time for a client to arrange care with another veterinarian?

How much time is reasonable for a client to arrange care with another veterinarian will vary with the circumstances (e.g. reasons for the discontinuation, available alternatives, or whether assistance is provided in locating other services), and may be dependent upon the location of the veterinary facility. In rural or remote areas, the time required to obtain a new practitioner would likely be longer than in an urban area. Where the reason for discontinuation is abusive behaviour towards a veterinarian or staff, or where genuine safety concerns exist, the reasonable opportunity might be brief.

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20. Does a veterinarian have to arrange alternate veterinary care for the client when they discontinue the VCPR?

A veterinarian is not obligated to arrange alternate veterinary care for a client when they discontinue a VCPR. A veterinarian is only obligated to continue to provide care for a reasonable amount of time in which the client can arrange care with another veterinarian. A client's inability or unwillingness to seek other veterinary care does not affect this requirement.

21. Can a veterinarian adopt a clinic policy that outlines the circumstances in which a VCPR will be discontinued?

A veterinarian may adopt a clinic policy that outlines the circumstances in which a VCPR will be discontinued. These policies may speak to a variety of different circumstances including the length of time since the animal(s) or group of animal(s) was last seen, non-compliance with prescribed treatments, or non-payment of fees. If a veterinarian chooses to implement this form of clinic policy, they are encouraged to provide a written copy of the policy to their clients for them to review and keep.

22. If a clinic has a policy in place that outlines the circumstances in which a VCPR will be discontinued, is notice to the client still required at the discontinuation?

Regardless of whether the circumstances are outlined in a clinic policy, a veterinarian is required to provide the client with adequate notice of the discontinuation of the VCPR, allowing the client a reasonable amount of time in which to arrange care with another veterinarian including the appropriate transfer of medical information in accordance with the *Professional Practice Standard: Medical Records.*

23. A client has informed a veterinarian that they wish to discontinue the VCPR, does the veterinarian still need to provide notice of the discontinuation?

The veterinarian does not need to provide additional notice when initial notice comes from the client, but the veterinarian is encouraged to provide written confirmation of the client's decision to discontinue the VCPR particularly in situations where there may be increased emotion or potential conflict.

A veterinarian should note in the medical record that the client has discontinued the VCPR and if written confirmation was provided.

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24. What obligations does a veterinarian have for continuing to provide care when a VCPR is discontinued?

Whether it is the veterinarian or the client who discontinues the VCPR, a veterinarian is required to provide care for a reasonable amount of time in which the client can arrange care with another veterinarian and have medical records appropriately transferred[3]. How much time is reasonable will vary with the circumstances and may be dependent upon a variety of factors including the reason for the discontinuation and the immediate medical needs of the animal(s) or group of animals. A veterinarian is expected to use their professional judgement when determining the allotted time.

The VCPR and Medical Recordkeeping

25. What aspects of the VCPR should be recorded?

A veterinarian is encouraged to document all aspects of the VCPR within the medical record. This includes the scope of services to be provided, any agreed-upon client duties, as well as any steps related to the discontinuation of the VCPR. If they provide written notice to the client of the discontinuation of the VCPR, a copy should be maintained in the medical record.

26. Does the transfer of medical records result in the discontinuation of a VCPR?

A request for the transfer of medical records does not automatically indicate the discontinuation of a VCPR. The request for the transfer of medical records is tied to continuity of care for the animal(s) or group of animals. If the veterinarian wishes to discontinue the VCPR when transferring records, they are required to take the appropriate steps to notify the client of the discontinuation.

27. Can a VCPR be a written document?

As part of the intentional conversation that a veterinarian has with a client to establish a VCPR, a veterinarian may use a written document that is reviewed with and provided to the client. A copy of the document should be included in the medical record. While not necessary, written documents can be useful in circumstances where there is increased complexity to ensure both parties understand the scope of services to be provided.

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[3] In accordance with Section 17(1) 4. of Regulation 1093

Legislative Authority

Veterinarians Act, R.S.O. 1990
R.R.O. 1990, Reg. 1093: General (Veterinarians Act)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
2. *Professional Practice Standard: Medical Records*
3. *Guide to the Professional Practice Standard: Medical Records*
4. *Professional Practice Standard: Delegation*
5. *Professional Practice Standard: Informed Client Consent*
6. *Guide to the Professional Practice Standard: Informed Client Consent*
7. *Policy Statement: After-Hours Care Services*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

Appendix A

SAMPLE LETTER FOR DISCONTINUATION OF THE VETERINARIAN-CLIENT-PATIENT RELATIONSHIP

[Please review the Guide to the Professional Practice Standard: Establishing, Maintaining and Discontinuing the Veterinarian-Client-Patient Relationship for details on using this sample letter]

Date

Dear (Client Name):

This letter will advise you that as of (dd/mm/yyyy), neither I nor the staff at our facility will be able to provide further general care to your animal(s). We suggest that you seek an alternative veterinary facility to provide care for your animal(s) from this day forward. We would like to suggest that you refer to the "Find a Veterinarian" section on the College of Veterinarians of Ontario website to locate other veterinary facilities in your area.

In order to give you time to access alternative veterinary services, we are able to provide emergency services for your animal(s) until (dd/mm/yyyy). Once you have made arrangements, please have the facility contact us and we will forward all medical records and relevant information. (*Alternatively, state "Please find enclosed a copy of your animal's medical records, which you should provide to whomever you select as a veterinarian"*).

We wish you and you animal(s) all the best in the future

Sincerely,

(Your name), DVM

POLICY STATEMENT

Managing Questions of Ownership and Ownership Disputes of Companion Animals

Published: February 2018
Revised: July 2022

Introduction

This Policy Statement serves to communicate the College's expectation of a veterinarian to aid in the positive identification of companion animals, including equine, when ownership may be in question.

Regulation 1093 permits a veterinarian to disclose information concerning a client, an animal, or any professional service, without client consent, where it appears that the animal is not owned by the person who has presented it for treatment. This information can be shared in the process of identifying, locating, or notifying the apparent owner of the animal. However, the ability to release this information must also meet federal law provisions found in the *Personal Information Protection and Electronic Documents Act* (PIPEDA). PIPEDA only allows for disclosure of personal information without knowledge or consent of a client when the disclosure is made to another investigative organization such as the police or animal control.

Definition

Client: Client means, with respect to a veterinarian, the owner of an animal(s) or group of animals that the veterinarian is treating, an authorized representative of the owner, or an individual who the veterinarian reasonably determines is acting in the interest of the animal(s) or group of animals.

Policy

In certain circumstances, such as situations involving stolen, abandoned or stray animals, proper identification of an animal can be challenging. There are a number of organizations that can be involved in determining the proper identification and ownership of an animal, inclusive of humane societies, animal control authorities, microchip providers, the police, the civil court system, and veterinarians, to name a few.

In most circumstances, the person presenting an animal for veterinary care will be an owner or an agent of the owner. When ownership is in question, a veterinarian must use their professional judgment to determine an appropriate process for identification in the circumstances.

Examples include:

a) **No Claim to Ownership:** In cases of a stray animal, including an animal that is found and brought to a veterinarian with no claim of ownership, the veterinarian should check for a tattoo and scan for a microchip. If a microchip is found, the veterinarian should contact the manufacturer to see if the microchip has been registered. If a tattoo or a microchip is found identifying a different owner than the person presenting the animal, the veterinarian may attempt to contact the apparent owner identified by the tattoo or microchip to determine if they are still the rightful owner and have not surrendered or abandoned the animal, in which case they may suggest keeping the animal at the clinic until the rightful owner claims it. If the veterinarian is not able to determine ownership through the above means, it is appropriate to direct the person presenting the animal to notify the local animal control authority, whether the person presenting the animal indicates that they would like to adopt the animal or not, as animal control has sole authority with respect to stray animals and the adoption of stray animals.

b) **Questionable Ownership**: If a veterinarian has a suspicion that the person presenting an animal may not be the lawful owner, the veterinarian should ask for evidence of ownership, such as a bill of sale, adoption documents, or microchip forms and/or look for a tattoo and scan for a microchip. If a microchip is found, the veterinarian should contact the

manufacturer to see if the microchip has been registered. If the person presenting the animal is unable to provide evidence of ownership or if a tattoo or microchip is found identifying a different owner, it is appropriate to inquire into how the person came into possession of the animal. If the veterinarian is not satisfied that the animal belongs to the person presenting it and/or if the person presenting the animal refuses to allow the veterinarian to contact the apparent owner, they should contact the local police station or animal control. The disclosure of personal information without the knowledge or consent of a client can only be made to another investigative organization such as the police or animal control as allowed by federal privacy legislation or as otherwise required by law.

Scenario One:

Client A presents an animal they found and wish to keep if it does not have an owner. The veterinarian scans the animal for a microchip which is found. A call to the microchip company reveals that the animal is registered to Owner B. The veterinarian contacts Owner B who indicates they still own the animal and want it back. The veterinarian gets consent from both Owner B and Client A to share their contact information to reunite the animal with its owner.

Scenario Two:

Client A presents an animal they found and wish to keep. The veterinarian scans the animal for a microchip which is found. A call to the microchip company reveals that the animal is registered to Owner B. The veterinarian contacts Owner B who indicates they still own the animal and want it back. The veterinarian asks Client A if they can share their contact information with Owner B so the animal may be reunited. Client A does not give consent to share their contact information with Owner B and states that they intend to keep the animal regardless of it being owned by Owner B. Without consent, the veterinarian can only release Client A's contact information to the police or animal control in order to reunite the animal with its owner as allowed by federal privacy legislation or as otherwise required by law. The veterinarian does not have the authority to seize or keep the animal.

Scenario Three:

Client A presents an animal they found and wish to keep. The veterinarian scans the animal for a microchip which is found. A call to the microchip company reveals that the animal is registered to Owner B. The veterinarian contacts Owner B who indicates they no

longer own the animal and have no idea who does. They do not want the animal back. The veterinarian does not have the ability to transfer the ownership of the animal. The veterinarian advises Client A to contact animal control to determine how to transfer the ownership.

c) **Relationship Disputes**: In a case where a relationship dispute causes lack of clarity over who rightfully owns an animal, a veterinarian should seek to formally confirm any changes to ownership. Confirmation can be provided in writing or by legal documentation (such as a court order) indicating either that the person in question has relinquished or lost ownership of the animal or has been confirmed as the rightful owner. A copy of the document or notification of same, should be kept in the medical record. A veterinarian should not remove the name of an owner on a file unless they have received consent from the person in question. In situations where an ownership is persistently disputed, clients should be encouraged to resolve the ownership issue between themselves, which may involve the civil court system.

Where a veterinarian believes that ownership of an animal is unclear or where there is a dispute over ownership, they can postpone treatment until evidence of ownership is presented, unless the veterinarian determines that there is an emergency and treatment is necessary to prevent an animal's suffering.

Should a veterinarian have any questions regarding privacy issues in relation to the sharing of client information to resolve an ownership question, it is recommended that they contact the Office of the Privacy Commissioner.

Legislative Authority

R.R.O. 1990, Reg. 1093: General, s. 17(1)(6), 18(3)(a) (*Veterinarians Act*)
The Personal Information Protection and Electronic Documents Act (PIPEDA)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
2. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

Other Resources

Office of the Privacy Commissioner, https://www.priv.gc.ca/en/

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

PROFESSIONAL PRACTICE STANDARD

Conflicts of Interest in the Practice of Veterinary Medicine

Published: May 2021

Introduction

Maintaining public trust in veterinary medicine is crucial. The public expects that a veterinarian will use their knowledge, skills, and judgment in the best interest of any animal(s) in their care and that their choice of treatment will be based on objective professional judgment and not by considerations of personal or financial interests. A veterinarian is expected to act in a trustworthy manner by being competent, honest, and reliable. When a veterinarian's animal health care decision-making is influenced by personal interests or potential gain, the reputation of the profession could be at risk.

Conflicts of interest in the practice of veterinary medicine will arise. Being in a conflict of interest or having a potential conflict of interest does not mean that a veterinarian has acted inappropriately. They can arise out of circumstances outside of a veterinarian's control. However, it is important for a veterinarian to avoid conflicts of interest if possible, and to identify when they are in a real or potential conflict of interest and determine how to manage that conflict.

Definition

Conflict of Interest: A conflict of interest arises when a veterinarian's duties and responsibilities may be influenced by some other interest that the veterinarian has, usually a personal or financial interest. The test for a conflict of interest is not only whether the veterinarian believes that such an interest may affect their professional judgement but also the perception of a reasonable person aware of the circumstances as to whether the conflict may influence the professional judgement of the veterinarian.[1]

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Conflicts of Interest in the Practice of Veterinary Medicine* when they comply with the expectations of a veterinarian set out in the *Veterinarians Act* and, in particular, sections 38, 42-44 of Regulation 1093 (see Appendix A), which are summarized as follows:

1. Take appropriate steps to avoid, identify, declare, and manage any perceived or potential conflicts of interest.

2. Understand that if there is a conflict between their duty to a client, the College or the public and their duty to any other person or entity, including a professional corporation, the duty to the client, the College or the public must prevail.
3. Understand that their choice of treatment for an animal must be based on their objective professional judgment and must not be influenced by considerations of personal interest or gain, including financial considerations, as this constitutes a conflict of interest.

4. Understand that no other individual should exercise control or influence over any of the clinical or professional aspects of the services they provide.

5. Understand that it is inappropriate to enter into an agreement where compensation is related to any measure of financial performance respecting the veterinarian's practice other than a partnership, association, or employment agreement with another member.

6. Understand that it is inappropriate to participate in a system in which another person steers or recommends clients to a particular veterinarian or group of veterinarians.

[1] Adapted from Code of Professional Conduct for Veterinarians, Veterinary Council of New Zealand, January 2020

7. Understand that it is inappropriate to give/receive a benefit for referring an animal/specimen from or to another person other than to a member in the same practice, unless a written explanation is given to the client explaining the relationship.

8. Understand that it is inappropriate to inspect or assess an animal on behalf of both the seller and the buyer of the animal unless the veterinarian has informed both parties of the conflict of interest and of the fact that information cannot be kept from either party to the transaction, and has obtained both parties' written consent to proceed.

9. Understand that a veterinarian who is employed/contracted by a person (other than another member or a professional corporation) to perform veterinary services, must not provide veterinary services in the course of that employment/contract for any client other than the employer/contractor. Exceptions do exist for and include veterinarians employed by or contracted to provide services with a government agency, a public postsecondary institution, a humane society, and zoo or wildlife rehabilitation centre. Other unique exceptions also and listed in Section 43 of Ontario Regulation 1093.

This standard is intended to provide a best available summary of the specific provisions of Regulation 1093 to assist veterinarians with clarity of their obligations to real and potential conflict of interest. In the case of a dispute on interpretation Regulation 1093 takes priority. A full copy of the relevant sections of Regulation 1093 has been attached to this *Professional Practice Standard* as Appendix A.

Guide to the Standard

A separate *Guide to the Professional Practice Standard: Conflicts of Interest in the Practice of Veterinary Medicine* has been developed by the College and can be found on the Colleges' website www.cvo.org.

Legislative Authority

R.R.O. 1990, Reg. 1093: General s. 1, 17 (1) 25, 38 and 42-44 (*Veterinarians Act*)

Resources

The following can be found at the College's website at cvo.org:

1. *Guide to the Professional Practice Standard: Conflicts of Interest in the Practice of Veterinary Medicine*
2. *Professional Practice Standard: Informed Client Consent*
3. *Guide to the Professional Practice Standard: Informed Client Consent*
4. *Professional Practice Standard: Medical Records*
5. *Guide to the Professional Practice Standard: Medical Records*
6. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
7. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Conflicts of Interest in the Practice of Veterinary Medicine

Published: May 2021

Introduction

The College's *Professional Practice Standard: Conflicts of Interest* outlines the expectations of a veterinarian associated with conflict of interest. Using a question-and-answer format, this *Guide to the Professional Practice Standard* addresses questions and offers suggestions on how a veterinarian should apply the *Professional Practice Standard* in situations that arise in veterinary practice.

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Managing Conflicts of Interest

1. When is a veterinarian in a real or perceived conflict of interest?

A conflict of interest arises when a veterinarian's duties and responsibilities may be influenced by some other interest that the veterinarian has, usually a personal or financial interest. The test for a conflict of interest is not only whether the veterinarian believes that such an interest may influence their professional judgment, but also whether the perception of a reasonable person aware of the circumstances as to whether the conflict may influence the professional judgment of the veterinarian.

For more guidance on how to manage potential conflicts of interest, please see Appendix A of this document.

2. How can a veterinarian identify a real or perceived conflict of interest?

Careers are dynamic in nature. Jobs and services evolve over time. Client caseloads are not static. Every professional needs to continually consider circumstances that may unduly influence or cloud their decision-making. A veterinarian should regularly consider the nature of their relationships with persons and/or organizations, and how these may influence, or not, their professional judgment.

One approach is to ask oneself the question "would a reasonable person, aware of the circumstances, consider my relationship with the person(s) and/or organization(s) involved to have the ability to affect my professional judgment related to animal care?"

If the answer is "yes" or "maybe" then the veterinarian should treat the situation as a conflict of interest.

3. When should a veterinarian declare a real or perceived conflict of interest?

A veterinarian should disclose the circumstances of a real or potential conflict of interest to the person(s) and/or organization(s) affected by the conflict as soon as the veterinarian identifies that it exists.

4. How can a veterinarian manage a real or perceived conflict of interest?

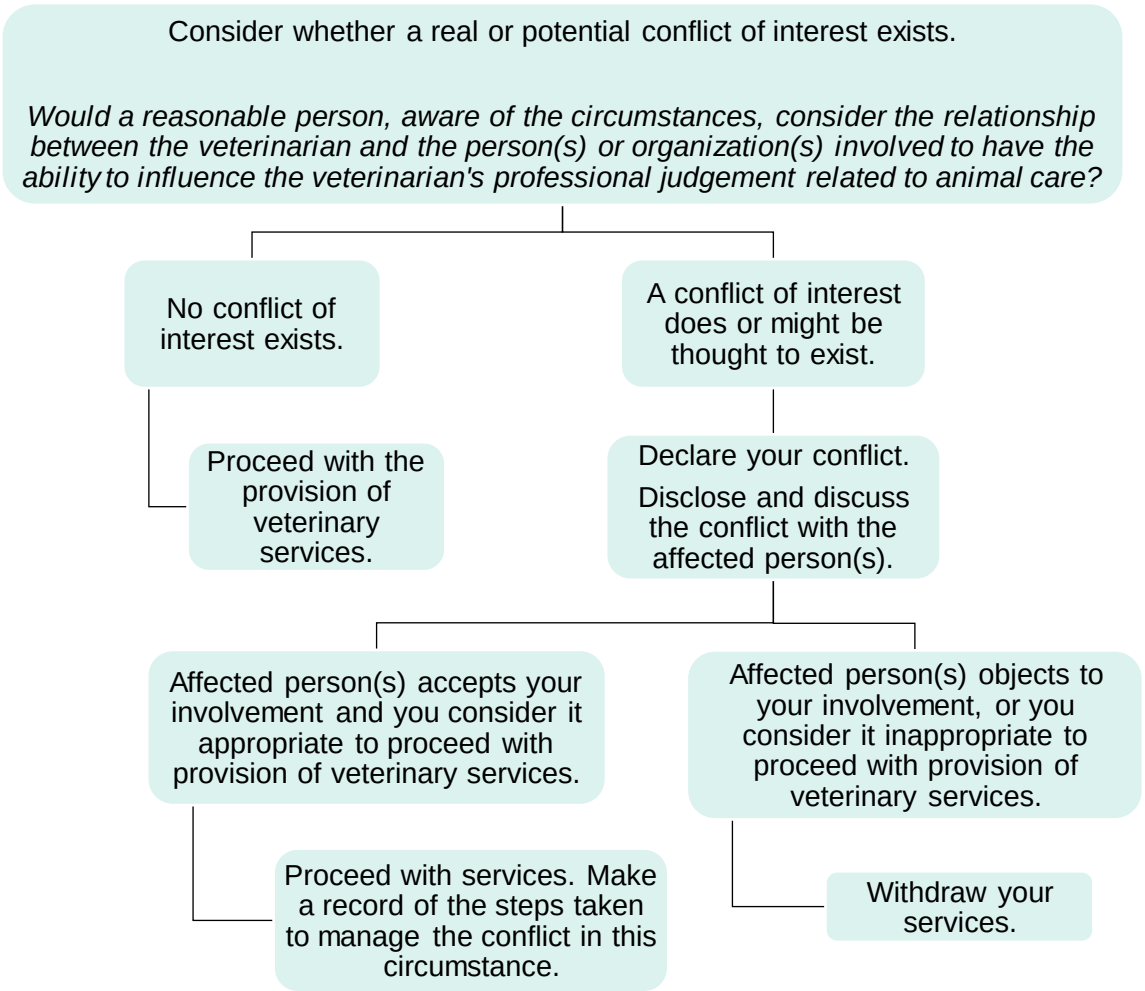
Once a real or perceived conflict of interest is identified and declared, the next step is for a veterinarian to manage the conflict and determine the appropriate action. This commonly involves a discussion with the affected person(s) and/or organization(s) and use of a veterinarian's professional judgment to determine whether it is appropriate to proceed with the provision of veterinary services in that circumstance.

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Factors that can help determine whether it is appropriate for a veterinarian to proceed include:

- The degree to which the real or perceived conflict of interest could reasonably affect a veterinarian's professional judgment in any context;
- The extent to which a veterinarian has established safeguards to ensure the veterinarian is able to exercise professional judgment without inappropriate pressure or interference;
- The ability for the real or perceived conflict of interest to be adequately addressed through disclosure to the client;
- The ability for the client to understand the disclosure and provide voluntary and informed consent; and
- Whether the disclosure has occurred and client consent has been obtained.

The following flowchart for managing conflicts of interest offers additional guidance on how to manage conflicts:



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Conflicts of Interest and Recordkeeping

5. What records should a veterinarian keep related to conflict of interest?

A veterinarian should keep a record of any real or potential conflict of interest that a veterinarian determines to be of higher risk. Such a record may be made in an animal's medical record or in general clinic records, as appropriate. A veterinarian may wish to record:

1. The nature of the real or perceived conflict including the person(s) and/or organization(s) involved;
2. The process by which the real or perceived conflict is managed; and
3. Situations in which the veterinarian identifies that a possible real or perceived conflict may exist, but after review determines that no conflict exists and proceeds to provide veterinary services.

Conflicts of Interest and Veterinary Employment

6. Can a veterinarian receive a production-based salary and/or an annual bonus?

A veterinarian is permitted to receive a production-based salary and/or annual bonus if they are employed or contracted by another veterinarian. A veterinarian is in a conflict of interest if the production-based salary and/or annual bonus inappropriately influences their professional judgment and/or clinical decision-making.

Strategies for Management:

- A veterinarian holds a conversation with their veterinary employer in which they confirm that any proposed compensation structure cannot inappropriately influence or dictate their professional judgment and/or clinical decision making.
- A veterinarian requests that their employment contract contains a statement that recognizes their professional autonomy.

7. Can a veterinarian be employed or contracted by more than one employer?

A veterinarian is permitted to be employed or contracted by multiple different employers. This includes veterinarians who provide locum services for different veterinary facilities. It is a veterinarian's professional responsibility to determine whether a real or perceived conflict of interest exists between their different forms of employment. If a veterinarian believes that a conflict may exist, it is the veterinarian's responsibility to determine the actions required to manage the conflict.

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Strategies for Management:

- A veterinarian considers their employment with their various employers and determines if and what conflicts exist between them.
- A veterinarian works with their various employers to address any identified conflicts and to provide disclosure to their clients, if required.

8. Can a veterinarian refer clients between their different veterinary employers? What if the veterinarian owns one of the veterinary businesses to which they refer?

Veterinarians are permitted to provide their clients with referrals to other practitioners and/or services. However, these referrals should be made first and foremost in the best interest of the client and their animal(s). If a veterinarian chooses to refer to another veterinary facility that the veterinarian owns or works for, the veterinarian is obligated to inform the client of this relationship in writing. When possible, veterinarians are advised to provide clients with several different referral options in order to allow for the client to make an informed decision.

For more information related to written explanations for referrals between different veterinary employers please refer to Sections 42 (4) and (5) of Regulation 1093.

9. Can a veterinarian be employed by a non-veterinarian employer or contractor? Can a veterinarian offer veterinary services to any clients besides their non-veterinarian employer or contractor?

A veterinarian is permitted to be employed or contracted by a person other than another veterinarian or a professional corporation owned by another veterinarian. A veterinarian has a conflict of interest if they provide veterinary services to any other animals other than those directly owned by the non-veterinarian employer or contractor when performing their employment duties for that specific employer or contractor.

10. Are there circumstances where a veterinarian can provide veterinary services for animals other than those directly owned by their non-veterinary employer or contractor?

Yes, there are circumstances where a veterinarian does not have a conflict of interest when providing veterinary services to animals other than those directly owned by their non-veterinarian employer or contractor in the course of their employment. Section 43 of Regulation 1093 outlines several circumstances where this can occur. This includes veterinarians who work for universities and colleges, humane societies and municipal pounds, the Crown (i.e. CFIA, OMAFRA), specific manufacturing sectors, etc.

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For a complete list of exemptions, please refer directly to Section 43 of Regulation 1093.

11. Can a non-veterinarian employer or contractor control or influence any clinical or professional aspect of a veterinarian's provision of veterinary services?

No. A veterinarian has a conflict of interest if a non-veterinarian employer or contractor exercises control or influence over clinical or professional aspects of the veterinarian's work. If this occurs, the veterinarian must manage the conflict of interest.

Strategies for Management:

- A veterinarian has a conversation with their non-veterinary employer or contractor and explains that they would have a conflict of interest if they allowed for professional judgment and/or clinical decision-making to be controlled or influenced. The veterinarian confirms that their employer/contractor will not exert control or influence.
- A veterinarian requests that their employment contract contains a statement that recognizes their professional autonomy.

Conflicts of Interest and Client Communication

12. How can a veterinarian discuss real or potential conflicts of interest with a client?

A veterinarian is expected to disclose any real or potential conflicts of interest to their clients at the first reasonable opportunity.

Veterinarians are encouraged to discuss any known and applicable conflicts of interest with their clients during the formation of a veterinarian-client-patient relationship ("VCPR") and to manage any conflicts of interest before proceeding with the provision of veterinary services.

Real and/or potential conflicts of interest will also arise throughout the duration of a VCPR. Veterinarians are expected to identify and manage any conflicts of interest as they emerge and to bring any applicable conflict to the attention of their clients as soon as possible.

13. How can a veterinarian manage any real or potential conflicts of interest that are identified or otherwise raised by a client?

Real or potential conflicts of interest identified or otherwise raised by clients are to be treated in the same manner as conflicts identified by the veterinarian. Real or potential conflicts of interest related to a specific client and/or animal(s) should be documented within the specific medical record.

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Conflicts of Interest and Business Arrangements and Referrals

14. When would a referral to or from a veterinarian be considered a conflict of interest?

A veterinarian has a conflict of interest if they give or receive a benefit, usually financial, for the referral of an animal(s) to another veterinarian or third-party without providing the client with a written explanation of the relationship and obtaining the client's informed consent. This does not apply to referrals amongst veterinarians within the same veterinary facility.

When a veterinarian makes a referral of an animal(s) to another veterinarian whom they believe is the right individual to manage the case without any associated benefits, there is no conflict of interest.

15. Is it a conflict of interest to own or be a partner in a non-veterinary business while also working in clinical practice?

A veterinarian is permitted to own or be a partner in a non-veterinary business while also working in clinical practice. A veterinarian cannot benefit from referrals to or from their non-veterinary business without providing clients with a written explanation of the veterinarian's interest in the business. When possible, veterinarians are advised to provide clients with several different referral options in order to allow for the client to make an informed decision.

Examples of non-veterinary businesses may include but are not limited to:

- Laboratory testing;
- Pet food stores; and
- Animal training.

In accordance with Section 42 (5) of Regulation 1093 written explanations for referrals to non-veterinary businesses that the referring veterinarian owns or receives a benefit from must include:

- A written explanation of their interest in the non-veterinary business; and
- Written notice that if the client chooses another service provider the client's choice will not affect their ability to obtain services from the veterinarian unless the client's choice would result in uncoordinated animal care.

For more information related to these written explanations, including additional requirements related to laboratory, radiological, and other technical procedures, please refer to Section 42 (5) of Regulation 1093.

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16. What if the non-veterinary business is owned or associated with a person related to a veterinarian?

The same rules apply as when the non-veterinary business is directly owned or associated with a veterinarian. This is due to the veterinarian's ongoing real and/or perceived ability to directly or indirectly benefit from their relationship to the person owning or receiving a benefit from the non-veterinary business. (ex. spouse, parent, sibling, etc.)

17. Is it a conflict of interest for a veterinarian to refer clients to the local emergency clinic for after-hours care if they are a shareholder of the emergency clinic?

Yes, this is a separate business where the veterinarian holds a financial interest. A veterinarian is required to disclose this connection to their client and to provide them with a written explanation of the relationship. For more information related to written explanations, please refer to Section 42 (4) and (5) of Regulation 1093.

Strategy for Management:

- A veterinarian discusses with their client during the formation of the VCPR that their after-hours care services are provided by an emergency clinic where they are a shareholder. They provide their client with a written explanation of their relationship with the emergency clinic.

18. Is it appropriate for a landlord to charge rent based on the revenue of the veterinary facility that is leasing the space?

No. Lease arrangements that are dependent on the volume of business generated by the veterinarian place the veterinarian in a conflict of interest and are not permitted.

Strategies for Management:

- A veterinarian has a conversation with their potential landlord to inform them that having a revenue-based lease arrangement constitutes a conflict of interest for the veterinarian.
- A veterinarian works with their landlord to enter into an acceptable lease arrangement or informs the landlord they are not able to proceed.

Conflicts of Interest and Inducements and Rebate Programs

19. What is an inducement?

Inducements are gifts, commissions, rebates, or fees offered to a veterinarian related to the purchase of pharmaceuticals, medical supplies or devices, or diagnostic or therapeutic services.

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20. Can a veterinarian accept an inducement from a company that sells a product(s) to the practice where they work?

A veterinarian must maintain professional independence free from the influence of industry and in the best interest of the client and patient. A veterinarian should use their professional judgment when determining whether to accept an inducement.

Inducements that are low in monetary value, provide negligible personal benefit, or which are directly relevant to veterinary practice (i.e. textbooks, veterinary equipment, etc.) are likely to be acceptable.

Ultimately, the test that a veterinarian should apply is whether they believe the inducement has the potential to influence their professional judgment.

i. Questions that a veterinarian can ask themselves when considering an offer of an inducement include: Would my clients consider that my treatment recommendations might be influenced if I accept?
ii. Hypothetically – what might the media say if my involvement in this inducement was exposed?

21. What is a rebate program?

Rebate programs are a form of inducement in which a veterinary facility enters into a commercial agreement with a product supplier (i.e. pharmaceuticals, medical supplies, pet food, etc.) to receive monetary or otherwise beneficial compensation for the amount of product sold.

22. Can a veterinarian participate in a rebate program?

Standard commercial agreements between veterinary facilities and suppliers around the purchase of products such as rebate structures, volume discounts, loyalty programs, and marketing/promotion agreements are generally acceptable, provided:

I. They reasonably reflect the level and type of business transacted between the practice and the supplier; and
II. Any commercial benefits are directed to the business (not the individuals who are responsible for making the treatment or sales decision).

Rebate programs must not affect a veterinarian's professional judgment nor limit a veterinarian's ability to recommend and/or provide products to their clients separate and apart from products purchased within the rebate structure.

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Conflicts of Interest and Steering

23. What is steering?

Steering is a form of conflict of interest. Section 38 of Ontario Regulation 1093 stipulates that a veterinarian "shall not participate directly or indirectly in a system in which another person steers or recommends clients to a member for a professional service or ancillary service." Steering arrangements involve one or both parties receiving a benefit, usually financial, tied to the recommendation.

For instance, clients should not be offered compensation, rewards, or incentives to refer prospective clients to a veterinarian's practice. Referrals from a client should be based on sincere opinion alone.

For more information about steering, please refer to the College's *Policy Statement: Steering*.

Conflicts of Interest and Pre-Purchase Examinations

24. When conducting a pre-purchase examination on an animal(s) or group of animals, what would constitute a conflict of interest for a veterinarian?

There are two situations that would place a veterinarian in a conflict of interest:

1. The veterinarian or an associate in their practice currently treats the animal(s); and
2. The veterinarian conducts the pre-purchase examination on behalf of both the buyer and seller.

Strategy for Management:

To manage these conflicts of interest, before accepting engagement by the second party, a veterinarian needs to:

1. Inform both parties of the conflict of interest and the circumstances giving rise to it;
2. Inform both parties that information gathered during the pre-purchase examination will be shared with both parties; and
3. Obtain informed consent from both parties in writing that they have been informed of 1 and 2 above and agree to the veterinarian conducting the exam on behalf of both of them.

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Legislative Authority

R.R.O. 1990, Reg 1093: General, s. 42-43 (Veterinarians Act)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Conflicts of Interest in the Practice of Veterinary Medicine*
2. *Policy Statement: Steering*
3. *Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
4. *Guide to the Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

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POLICY STATEMENT

Steering

Published: October 2014
Revised: July 2022

Introduction

This Policy Statement clarifies the College's interpretation of the activities that constitute steering between any person or group and a veterinarian or veterinary practice.

Definitions

Conflict of Interest: Conflict of interest is generally understood to be where the private interests, usually financial, of a person conflict with that person's professional responsibilities.

Steering: Steering is a prohibited activity whereby a person is systematically referred or directed to a particular veterinarian or veterinary practice by another individual or organization, and where the direction:

- is made for a reason other than the genuine belief that the receiving veterinarian or practice is being recommended for specialized skill, knowledge or expertise; and
- has the effect of restricting a person's choice of veterinarian based on criteria of importance to them.

Overview of Regulation 1093

There are two main areas of Regulation 1093 upon which the College's interpretation of steering is based.

The first are paragraphs 17 (1) 25, 44 and 45 which state:

17 (1)For the purposes of the Act, professional misconduct includes the following:

> 25. Having a conflict of interest.
>
> 44. An act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as disgraceful, dishonourable or unprofessional.
>
> 45. Conduct unbecoming a veterinarian.

The second is Section 42 which states:

> A member has a conflict of interest where the member, or a related person, or an employee or employer of the member, directly or indirectly, enters into any agreement, including a lease of premises, under which any amount payable by or to a member or a related person is related to the amount of fees charged by the member or the net revenue from the member's practice of veterinary medicine or any other measure of financial performance respecting the member's practice of veterinary medicine OR receives, makes or confers a fee, credit or other benefit by reason of the referral or transfer of any animal or a specimen from or to any other person.

The prohibition on steering ensures that a recommendation or referral to a particular veterinarian or practice is made for defensible reasons and will not produce a benefit to one or more parties (veterinarian, referrer, potential client) beyond the acquisition of a new client (by the veterinarian), a benefit beyond good will (for the referrer), and/or the delivery of quality services (to the client.) The intent of the steering prohibition is not to regulate competition amongst veterinarians.

Members of the public expect practitioners of a profession to be honest and to serve their best interests. When a veterinarian refers a client to another veterinarian with specialized skill, knowledge or expertise, the client trusts that the referral has been made in the best interest of the animal(s). A

referral from one veterinarian to another veterinarian for the purpose of seeking a second opinion or accessing a specific treatment or medical expertise is not viewed as a conflict of interest.

When referrals are or could be perceived as being made primarily in order for one or both of the parties to receive a benefit tied to the referral then steering might be involved. When steering occurs, it could have a negative impact on the integrity of the profession. Steering is therefore considered a prohibited activity under Ontario Regulation 1093.

A Steering Relationship

The test defining a steering relationship is whether the following four components are present:

1. There must be a system (i.e., a structured agreement or ongoing activity or pattern of behaviour);
2. The system must result in clients being directed to a particular veterinarian(s) or veterinary practice(s) for a professional or an ancillary service;
3. The veterinarian(s) must knowingly participate in the system in some way; and
4. There is either
    a. A conferral of some benefit to the referrer, or
    b. A restriction on which veterinarians participate in the system (beyond reasonable restrictions such as location, specializations or scope of practice).

A list of preferred providers is not considered steering unless the veterinarian pays a fee, over and above a fee for membership in an association, to be included on the list and/or the list is intended to preclude a client from obtaining veterinary services from their veterinarian of choice.

Legislative Authority

R.R.O. 1990, Reg. 1093: General s. 17 and 42 (*Veterinarians Act*)

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

PROFESSIONAL PRACTICE STANDARD

Informed Client Consent

Published: October 2014
Revised: October 2023

Introduction

Informed client consent is an essential conversation that occurs between a veterinarian and their client. From a public protection perspective, informed client consent is the basis on which a veterinarian and their client confirm the veterinary service(s) that will be provided in a specific circumstance. Consent may be implied or explicit, and explicit consent may be verbal or in writing. Informed client consent is not a one-time activity, and is obtained throughout the course of the veterinarian-client-patient relationship (VCPR).

Definition

Client: Client means, with respect to a veterinarian, the owner of an animal(s) or group of animals that that the veterinarian is treating, an authorized representative of the owner, or an individual who the veterinarian reasonably determines is acting in the interest of the animal(s) or group of animals.

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Informed Client Consent* when they:

1. Obtain consent from a client who is over the age of 18.

2. Ensure the consent relates to the proposed veterinary service(s) to be provided.

3. Provide comprehensive information to the client including:

    - the differential and/or definitive diagnosis;
    - the nature of the proposed diagnostics and/or treatment(s);
    - the proposed benefits, common side effects and any serious risks;
    - other reasonable alternative courses of action including the risks/benefits of each; and
    - the consequences if the proposed diagnostics and/or treatment(s) are refused.

4. Answer all questions and ensures that the client understands the information provided.

5. Provide an estimated cost of the proposed diagnostics and/or treatment(s), using a range when appropriate.

6. Indicate in the medical record that consent was obtained and, for diagnostics and/or treatment(s) that are of higher risk, obtains consent in writing where feasible.

7. Understand that revealing information concerning a client, an animal(s) or group of animals, or any professional service performed for an animal(s) or group of animals to a person other than the client or another member treating the animal(s) or group of animals is not permitted without the client's consent, except when doing so is required or authorized by law.

Guide to the Standard

A separate *Guide to the Professional Practice Standard: Informed Client Consent* has been developed by the College and can be found on the Colleges' website www.cvo.org.

Legislative Authority

Food and Drugs Act and Regulations (Federal)

Feeds Act and Regulations (Federal)
Controlled Drugs and Substances Act and Regulations (Federal)
Drug and Pharmacies Regulation Act and Regulations (Provincial)
Drug Interchangeability and Dispensing Fee Act (Provincial)
Veterinarians Act (Provincial)
Regulation 1093, s. 1, 18, 23-33 (*Veterinarians Act*) (Provincial)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Dispensing a Drug*
2. *Guide to the Professional Practice Standard: Dispensing a Drug*
3. *Professional Practice Standard: Extra-Label Drug Use*
4. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
5. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
6. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
7. *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
8. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
9. *Professional Practice Standard: Informed Client Consent*
10. *Guide to the Professional Practice Standard: Informed Client Consent*
11. *Professional Practice Standard: Medical Records*
12. *Guide to the Professional Practice Standard: Medical Records*
13. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship*
14. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship*
15. *Position Statement: Balancing Available Health Care Options and Client Access to Veterinary Care*

The following additional resources are also applicable:

1. *Policy on Extra-Label Drug Use in Food Producing Animals*, Health Canada, 2015.
2. *Position Statement: Extra-label Drug Use (ELDU),* Canadian Veterinary Medical Association, 2015.
3. Canadian gFARAD Website

4. *Veterinary Oversight of Antimicrobial Use – A Pan-Canadian Framework of Professional Standards for Veterinarians*, Canadian Veterinary Medical Association,

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GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Informed Client Consent

Published: October 2014
Revised: April 2020

Introduction

The College's *Professional Practice Standard: Informed Client Consent* establishes the expectations that are fundamental to achieving informed consent. Using a question-and-answer format, this *Guide to the Professional Practice Standard* addresses questions and offers suggestions on how to apply the *Professional Practice Standard* in situations that arise in veterinary practice.

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Frequently Asked Questions about Who Can Provide Consent

1. How does a veterinarian confirm authority when a new client requires service?

Consent is valid only when given by a person who has the legal authority to give consent. Establishing and understanding legal ownership of the animal(s) is one component of the initial conversation with a potential client. The veterinarian may establish such legal authority through a bill of sale, registration papers or discussion with the client. In addition, an established client should designate individuals to act as authorized representatives who can provide consent in situations when the client cannot be contacted. A written document (e.g., client information sheet) listing names and contact information for all authorized representatives should be included in the medical record. Documentation of limitations on financial and medical care decisions (e.g., authorization to consent to surgery, euthanasia) is advised. A protocol implemented at each visit to confirm names and contact information for authorized representatives ensures that records are current and accurate.

2. Can a 15-year-old provide consent for treatment of an animal?

Under property law, which pertains to the ownership of animals, an individual must be 18 years of age or older to have the legal right to own and make decisions about property. A veterinarian should obtain consent from an adult.

Frequently Asked Questions about Communication Strategies

3. How should a veterinarian explain the benefits and risks of a procedure or course of treatment?

A veterinarian uses their professional judgment to recommend interventions. A client has the right to know what risks are involved before they make a decision about the care provided to their animal(s). Part of the process of communicating information about risk is to place it in perspective for the client, explaining what is likely going to happen while being clear about other possible outcomes. Communicating with the client in terms that are understandable and include explanations of any technical or clinical terminology is recommended. Effective communication skills are necessary to reduce anxiety and stress for clients and ensures the client is fully engaged in the decision-making process.

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4. How much information is a veterinarian required to present when providing a cost estimate for a complex intervention (e.g., tooth extractions)?

It is advisable to provide a range of total costs that might be involved in a particular procedure or treatment. Written cost estimates assist in ensuring that the client understands the financial implications of the proposed intervention. Clients should always be made aware of the possibility that the scope and associated costs of an intended procedure can expand based on the findings obtained during the actual procedure.

5. Are there specific expectations for a veterinarian to meet when a client refuses to proceed with the recommended intervention?

A client has the right to refuse recommended interventions. A veterinarian must recognize and respect a client's preference. A veterinarian should fully explain to the client the consequences of taking no action and document, in writing, the fact that this information was provided, as well as the client's refusal. A veterinarian is obligated to report to a provincial animal welfare inspector where they have reasonable grounds to believe that an animal is being abused, being subject to undue physical or psychological hardship, privation or neglect, including by participating in fights with other animals, or is being trained to fight another animal.

6. Can consent be given over the telephone?

Telephone conversations should be the same as a face-to-face discussion including discussion of options and the relevant benefits and risks and an opportunity for the client to ask questions. The veterinarian should document the conversation and consent in the medical record.

7. When should consent be witnessed?

In situations of high risk or where the outcome of a procedure has serious consequences, or when the consent is not provided face to face, it is advisable to have a witness.

Frequently Asked Questions about Documentation

8. When is it necessary to obtain consent in writing?

In general, written consent should be obtained when a procedure or treatment presents significant risks. Complex cases and higher risk procedures warrant greater detail in documenting the process of obtaining informed client consent. Under Regulation 1093, companion animal veterinarians are required to obtain written consent for surgical procedures. In large animal practice, consent is usually

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implied and/or provided verbally, even for surgical cases. However, veterinary medicine has evolved such that obtaining written client consent for actions that pose significant risk is regarded as good practice across all species.

9. How much information needs to be recorded in the medical record to demonstrate that informed consent was obtained?

A veterinarian should document that consent was obtained, whether it was written or verbal, and if not in writing, whether it was implied or explicit. A veterinarian may choose to use a protocol that demonstrates a consistent process for discussion and may be inclusive of handouts, links to informative websites and visual aids.

10. What are the requirements for documentation when both the client and authorized representative cannot be contacted?

All attempts to contact both the client and the authorized representative should be documented in the medical record.

Frequently Asked Questions about Obtaining Consent in Unusual Situations

11. What should a veterinarian do when a client appears to be confused and may not have the capacity to provide informed consent?

Although a rare situation, based on a pre-existing veterinarian-client-patient relationship, a conversation with the client should enable the veterinarian to establish whether or not the client understands the nature and anticipated outcomes of proceeding (or not) with the proposed intervention(s). In situations where the client does not appear to be capable of providing informed consent, a veterinarian should proceed only if there is an immediate risk to the health and well-being of the animal. If the situation requires an immediate intervention, the veterinarian should seek consent from the authorized representative on record, preferably the client's power of attorney, or if there is none, one of the client's next-of-kin. If no such individual is available, the veterinarian should only proceed to treat the animal to prevent suffering and/or significant harm.

12. Should a veterinarian treat an animal if attempts to contact the client and the authorized agent are not successful and consent is not obtained?

Where attempts to contact the client and the authorized representative are not successful, the

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veterinarian should only proceed to treat the animal to prevent suffering and/or significant harm. In situations where the health and well-being of the animal is not at risk, a veterinarian should not proceed until consent is provided. As soon as the emergency is addressed, attempts should be made to contact the client to explain what occurred and discuss future treatment plans and obtain consent as required.

Frequently Asked Questions about Release of Medical Records

13. When is client consent not required to release a medical record?

Client consent is not required to release medical records when doing so is required or authorized by law. This includes an appropriate release to a provincial animal welfare inspector, when requested by another veterinarian to facilitate and coordinate patient care, and when requested by the College of Veterinarians of Ontario.

Legislative Authority

R.R.O. 1990, Reg. 1093: General s. 17(1)6, 18, 22(1)9.1, 33(1)(a), 44 (*Veterinarians Act*)
Provincial Animal Welfare Services Act, 2019, S.O. 2019, c. 13

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Medical Records*
2. *Professional Practice Standard: Informed Client Consent*
3. *Guide to the Professional Practice Standard: Medical Record*
4. *Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
5. *Guide to the Professional Standard: Establishing, Maintaining and Discontinuing a Veterinarian Client-Patient Relationship (VCPR)*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

POSITION STATEMENT

Quality Practice Program

Published: March 2017

Introduction

The public has an expectation that, as a regulated profession, there are programs and requirements in place to support the practice[1] of quality veterinary medicine by a licensed veterinarian. A veterinarian engages regularly in activities that serve to maintain and improve his/her knowledge and skills throughout his/her career. The veterinary profession is committed to the delivery of safe veterinary medicine to animals and their owners through veterinary facilities that are regularly inspected and accredited. Within its regulatory mandate, the College assumes a leadership role to support veterinarians in demonstrating their continued competence and the safety and quality of their practice.

Position Statement

As a regulatory agency, the College of Veterinarians of Ontario is accountable to the public for assuring the quality and safety of veterinary medicine practiced in the province.

The College delivers a Quality Practice Program consisting of three component parts, in partnership with the profession:
Quality Assurance,
Quality Improvement, and
Facility Accreditation.

[1] "Practice" refers to any activity where a veterinarian is utilizing his or her veterinary skills and/or knowledge, and/or using the title "veterinarian", "veterinary surgeon", or an abbreviation or variation thereof.

The College and its licensed members confirm the public's right to access safe, quality veterinary medicine in Ontario through the following mechanisms based on current best practice:

- the promotion of quality assurance and quality improvement of the practice of veterinary medicine among members,
- the implementation and ongoing review and revision of standards of practice,
- the regular assessment of competency requirements for licensure,
- the provision of self and peer assessments related to the practice of veterinary medicine, and
- the inspection of veterinary facilities to ensure access to quality veterinary care in a safe and professional environment.

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

PROFESSIONAL PRACTICE STANDARD

Delegation

Published: November 2015

Introduction

Increasingly, veterinary medicine is adopting a team-based approach to providing veterinary care. Members of the team include veterinarians, veterinary technicians[1], assistants and administrative staff. A team approach recognizes the specific skills, knowledge and competencies that each member of the team brings to the provision of safe, quality care for either a specific animal or a group of animals.

Delegation occurs when a veterinarian, following an assessment of an animal(s) or group of animals, determines that a member of the veterinary team, who is not a veterinarian, is competent to perform a veterinary task under their supervision. Delegation must only occur when the best interest of the animal(s) or group of animals is not compromised. At all times, the veterinarian remains accountable and responsible for any care provided to an animal under delegation. Safe, quality care must not be compromised by the delegation.

[1] Veterinary technician refers to a registered veterinary technician or an individual who is a graduate of an accredited education program.

Definitions

Task: Task is a broad term that refers to procedures, treatments, interventions and other veterinary services.

Immediate Supervision: The member is on the same premises as the auxiliary and can see and hear the auxiliary perform the task.

Direct Supervision: The member is on the same premises as the auxiliary but cannot see or hear the auxiliary perform the task.

Indirect Supervision: The member is not on the same premises as the auxiliary while the task is being performed but where the member communicates appropriately with the auxiliary before and after the auxiliary performs the task, and is accessible to the auxiliary in a timely and appropriate manner while the task is being performed.

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Delegation* when they:

1. Delegate veterinary tasks only when a veterinarian-client-patient relationship (VCPR) exists.

2. Do not delegate the acts of diagnosis, prognosis, prescribing or performing major surgery.[2]

3. Only delegate a task(s) where doing so does not increase the overall risk of harm to the animal(s) or group of animals.

4. Determine that a task, when performed under delegation, is as safe and effective as if performed by a veterinarian. The *Veterinarians Act* requires all veterinarians to confine medical practice to those areas of medicine in which they are trained and experienced. A veterinarian must not delegate a task that they are not competent to perform personally.

5. Identify a member of the team who has the appropriate education, skills, training and/or experience necessary to perform the task as competently and safely as a veterinarian. The veterinarian must not assume that the delegate has the knowledge, skill and judgement required to perform the task. The delegating veterinarian must assure themselves that the

[2] Major surgery is defined in Regulation 1093 as "surgery, (a) in which bone, viscera or an extensive area of subcutaneous tissue is exposed, or (b) the failure of which would endanger the life or organ function of the animal."

delegate can perform the task competently and safely. The delegate must be able to carry out the task as competently and safely as the delegating veterinarian.

6. Determine the necessary level of supervision (immediate, direct or indirect) for the specific delegated task after considering:

    - The degree and nature of the risks and side-effects to the animal associated with the task(s);
    - The location, facilities and safeguards available to the team member when performing the task(s); and
    - The veterinarian's awareness of the knowledge, skills, training and judgement of the team member.

7. Disclose if auxiliaries or other veterinarians may provide some or all of the care of the animal(s), and obtains informed client consent.

Legislative Authority

Veterinarians Act, R.S.O. 1990, s. 1, 11
R.R.O. 1990, Reg. 1093: General s. 1, 17(1)30, 19(1-4), 33(1), 40(2)(a) (*Veterinarians Act*)

Resources

For more specific information on delegation the following can be found on College's website at cvo.org:

1. *Policy Statement: Use of Forms of Energy in the Treatment and/or Care of Animals*
2. *Position Statement: Use of Forms of Energy in the Treatment and/or Care of Animals*
3. *Professional Practice Standard: Veterinary Dentistry*
4. *Guide to the Professional Practice Standard: Veterinary Euthanasia*

In addition, the following resources can also be found on the College's website:

1. *Professional Practice Standard: Informed Client Consent*
2. *Guide to the Professional Practice Standard: Informed Client Consent*

3. *Professional Practice Standard: Medical Records*
4. *Guide to the Professional Practice Standard: Medical Records*
5. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
6. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

PROFESSIONAL PRACTICE STANDARD

Medical Records

Published: December 2014
Revised: November 2015

Introduction

The complete medical record is a compilation of all information that pertains to the care of an animal or a group of animals, and documents the management of a case. It is a legal document that represents the veterinarian's thought process, decisions, judgment, actions, and interactions with others (clients, colleagues, other caregivers, and service providers such as specialists and laboratories), each of which has an impact on patient outcomes. The medical record is also a communication tool which facilitates the continuity of care for animals both within and between veterinary medical-care teams.

A quality record is fundamental to quality practice, and this *Professional Practice Standard* itemizes the essential elements of a quality record. As such, justification for any departure from this *Professional Practice Standard* should be documented in an appropriate place within the medical record.

the *Professional Practice Standard: Medical Records* applies to all veterinarians and all record systems (e.g., electronic, paper or combination of both). Information requirements for specific species is found in Ontario Regulation 1093.

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Medical Records* when they:

1. Create a record for each animal(s) or group of animals where a veterinarian-client-patient relationship (VCPR) is established.

2. Ensure records are accessible.

3. Ensure the record provides an accurate, complete, and up-to-date profile of the animal(s) or group of animals to enable continuity of care. Ensures that each time a record is updated, the update or change to the record is dated and documented in a clearly identifiable manner and the content of the record before each change or update is preserved.

4. Maintain electronic records in accordance with the electronic records requirements outlined in O. Reg. 1093 Section 22. (6).

5. Ensure that, in situations where a change to the medical record is required, an audit trail is established where the original content is preserved, and a record of the author and date/time is established. Changes to the original content must be approved by the veterinarian.

6. Establish procedures and protocols to protect client confidentiality and safeguard records against loss, damage, unauthorized access or disclosure.

7. Respond to or make requests for, and/or provides relevant historical (i.e. medical) information in a timely manner that facilitates the continuity of care of an animal(s) or group of animals between and among veterinarians.

8. Respond within two (2) business days to requests from clients or another veterinarian to transfer complete records.

9. Maintain records for five (5) years after the last entry is made.

10. Destroy records in a manner that protects client confidentiality.

Guide to the Professional Practice Standard

A separate *Guide to the Professional Practice Standard: Medical Records* has been developed by the College and can be found on the College's website at www.cvo.org.

Legislative Authority

R.R.O. 1990, Reg. 1093: General, s. 22-28 (*Veterinarians Act*)

Resources

The following can be found at the College's website at cvo.org:

1. *Guide to the Professional Practice Standard: Medical Records*
2. *Professional Practice Standard: Informed Client Consent*
3. *Guide to the Professional Practice Standard: Informed Client Consent*
4. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
5. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

A variety of additional resources (i.e., samples, forms) can also be found on the College's website.

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Medical Records

Published: December 2014
Revised: November 2015; December 2016; February 2019; April 2020; May 2021; January 2022

Introduction

The College's *Professional Practice Standard: Medical Records* establishes the expectations that are fundamental to achieving complete and comprehensive medical records. The medical record is the primary source that provides the necessary information to ensure continuity of care, to enable effective collaboration among the veterinary team, and to demonstrate the quality of a veterinarian's practice. Complete and comprehensive medical records help to mitigate risks to the patient, the veterinarian, and the client. Various tools such as templates and protocols can assist with succinct, yet complete medical records. Using a question-and-answer format, this *Guide to the Professional Practice Standard* addresses questions and offers suggestions on how to apply the *Professional Practice Standard* in situations that arise in veterinary practice.

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Comprehensiveness of Medical Records

1. Is a medical record a legal document?

Yes, medical records are legal documents. They represent the veterinarian's thought process, decisions, judgment, actions, and interactions with others all of which have an impact on patient outcomes. The language used when documenting medical record information should always be professional and objective. Comprehensive patient records are a good risk management strategy.

2. What documents should be included in a medical record?

A medical record may include, but is not limited to, the following documents:

- client and patient information forms
- emergency contact and authorized agent
- information forms
- client communications
- cumulative patient profile/master problem list
- vaccine record
- progress notes
- monitoring forms
- Protocols
- laboratory reports
- diagnostic images (such as radiographs and ultrasounds)
- invoices
- insurance documents
- consent forms
- health certificates
- certificates of rabies vaccination
- referral letters to and from others
- export documents
- an audit trail (usually in electronic records)
- copies of records from previous facilities (if any)

For more information, please review the components listed in the Case Cover Sheet provided for Peer Review of Medical Records found on the College's website under the Medical Records Review and Assessment Section of Quality Practice

3. What organizational tools are available to support complete and comprehensive records that are also efficient and succinct?

To be complete, patient records do not necessarily have to be lengthy. Quantity of record information does not necessarily equate to completeness. For a record to be comprehensive, ensure that:

- The regulatory requirements are met;
- There is enough detail to maintain continuity of patient care; and
- There is an understanding of the veterinarian's thought process and reasoning behind a diagnosis and decision for treatment plans.

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Veterinarians may use a variety of strategies or tools to ensure that records are complete and concise. Organizational formats for record-keeping include Subjective-Objective-Assessment-Plan (SOAP) or Data-Assessment-Plan (DAP). In addition, the use of tools such as master problem lists/cumulative patient profiles, protocols, templates, and checklists contribute to the efficient collection of information and a sufficiently documented record. Examples can be found on the College's website under the sample document section of resources.

4. How much detail should be captures in a SOAP or DAP format to facilitate a complete record?

Subjective: The history documenting and describing the presenting complaint and recent health status of the animal(s).

Objective: Documentation of physical examination findings that indicates which body systems were examined. Abbreviations such as PE-NAF or PE-NSF are not sufficient documentation unless a protocol detailing what is covered in the examination is referenced in the record. Any diagnostic test results.

Assessment: Information and reasoning on how the veterinarian arrived at a diagnosis should be recorded. This includes the recording of problem lists, differential/working diagnoses and regular updates as more information is gathered. Sufficient information demonstrating that the veterinarian has reviewed and interpreted data from diagnostic tests to confirm a diagnosis.

Plans: Recommendations and treatments provided describing tests, drugs, treatments, surgical or medical procedures, referrals for specialized care and a follow-up schedule. Client communication and professional advice provided.

* Note that if using the DAP format, the information in subjective and objective above would be captured in "D" for data.

5. Can protocols be used as a component of a medical record?

Yes. Protocols can be developed and used for completeness and efficiency. A protocol is a detailed description of a procedure that is done routinely. Protocols can be developed for surgical procedures, physical examinations, vaccination administration, etc. A notation in the patient record would indicate

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that a procedure was done “as per protocol” and any information specific to the patient and/or any variation in the protocol would be recorded.

A library of all protocols, inclusive of the date of each version, should be maintained in the facility for reference purposes. A protocol, despite revisions, must be maintained for as long as any medical records that refer to it are kept.

Examples of protocols can be found on the College’s website under the sample document section of resources.

6. Is it sufficient to only include test result reports in the medical record?

It is not sufficient to include only reports of test results. The record should reflect the veterinarian’s interpretation of the test results. This data would be used to update the assessment of the animal(s). For example, revising the problem list and differential/working diagnoses or documenting a diagnosis There should also be documentation that the client was notified of the results and any additional plans related to patient care.

7. How can a veterinarian ensure that ownership is clear in the medical records documentation?

In situations with multiple owners, each owner should be recorded (name, address, and contact information) and their contact information updated regularly. Simply adding a name under “spouse” “other” or even “emergency contact” may cause confusion.

For a sample template to document information about owners see the Sample Form Client Patient Identification on the College’s website under the sample documents section of resources.

It is important to note that any significant changes to the client identification records requires the consent of all listed owners. This includes instances in which one owner requests the removal of another owner from the medical record.

8. What needs to be included when documenting information about an authorized agent?

An authorized agent is a person authorized by the owner(s) to act on their behalf and whose decisions bind the owner as though they were themselves making the decisions. An authorized agent of the owner(s) should also be clearly documented, including their contact details and updated regularly. A

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veterinarian should also document what kinds of decisions the agent has been authorized by the owner to make, such as medical and financial decisions.

The owner of the animal(s) does not need the consent of an authorized agent to remove their name from the medical record.

For a sample template to document information about authorized agents see the Sample Form Client Patient Identification on the College's website under the sample documents section of resources.

9. Does a medical record have to document both verbal and written communication with clients?

Yes. A medical record includes documentation regarding verbal communication with a client and copies of written communications. This includes face to face, telephone, electronic, and other mechanisms to communicate with owners and/or alternate decision makers. Records should document advice provided and informed consent discussions, including diagnoses, treatment plans, required tests and interpretation of results, referrals, and discharge directions. Copies of any documents provided to the client such as discharge instructions, insurance forms, and client education material for example, should be maintained in the patient record.

Obtaining informed client consent always needs to be documented, either as a copy of a signed consent form or as notes in a patient record indicating that the client gave verbal consent (with a description of the discussion). Further information regarding documentation of informed client consent can be found in the Guide to the Professional Practice Standard: Informed Client Consent which is located on the College's website under the Professional Practice Standards and College Policy section of resources.

Fees and Services

10. What financial information should be included in the medical record?

Fees and charges for all services and drugs must be documented in the medical record. This information is most often recorded on invoices as an itemized list of drugs and services that were provided. Other areas in the record where this information may be found are on treatment estimates or directly in the progress notes.

It must be clear in the medical record that fees for drugs are distinct from the fees for services.

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Charges for services that are provided by third parties and invoiced by the practice should also appear as separate fees, such as external laboratories, itinerant veterinarian fees, cremation services, etc.

Fees on the invoice should be easily cross-referenced with all treatments and procedures described in the medical record.

11. How can a veterinarian ensure that fees for drugs are distinct from the fees for services in the medical record?

Ontario Regulation 1093 Section 22 and the facility standards for veterinary facilities require that medical records include "fees and charges, showing separately those for drugs and those for advice or other services."

The following guidance is provided to assist with satisfying this requirement.

- When a drug is dispensed to the client, the name of the drug and its associated fee should be documented on the invoice.
- When a drug is administered by the veterinarian, it is sufficient to document the category of the drug that was administered on the invoice and its associated fee, such as "pain medication", or "antibiotic". Alternatively, the name of the drug can be documented.
- Where the category of drug is on the invoice, the name of the drug is required to be documented elsewhere in the record.
- Consider avoiding terms that may suggest the combining of services and drugs, such as "anesthetic induction". To some, this may refer to the drug and the administration of the drug to induce anesthesia.
- If including multiple services and drugs into one fee on the invoice, an itemized list of services and drugs and their associated fees that are included should be documented separately (such as a protocol) and available if the client requests it.
- Dispensing fees may be incorporated into drug costs or itemized separately. When incorporated into a drug cost, it should be noted that the price includes a dispensing fee.

See sample invoices in the Sample Documents section on the College's website.

12. When charging the client for third-party services on the invoice should the veterinarian show what charges were added to cover administrative fees associated with providing that service?

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Veterinarians demonstrate professionalism by being accountable and transparent in relation to the services they provide.

When a client is charged a fee related to a third-party service, such as the fee of an itinerant veterinarian, the fee cannot be marked up. The practice may charge the client reasonable administrative fees associated with providing that service (e.g., facility space, staff time, etc.) and these should appear as separate invoice items.

Release of Medical Records

13. Who owns a medical record?

The information contained in a medical record belongs to the owner. The owner has the right to access the content of the record at any time.

The original physical and/or electronic copy of the medical record is the property of the veterinary facility. A veterinarian is required to keep the originals of all records in accordance with the College's retention standards.

14. Is a veterinarian required to provide a client with a copy of the medical record?

Yes, a veterinarian is required to provide a copy of the requested components of the medical record to a client upon request. This includes a request for a copy of the complete medical record. The physical copy of the medical record is the property of the veterinary clinic but the information contained in the record belongs to the client and the client has the right to access the content of the record.

When an animal is owned by multiple different owners, it is preferable and most efficient to have one owner's name on the medical record to whom medical information is released. For example, a racehorse at a fractional ownership stable has 20 owners. The client information in the medical record identifies Owner A. If Owner Z would like a copy of the medical record the veterinarian can direct them to Owner A to make the request for a copy of the medical record. Owner A can then pass on the record information to any of the owners of the horse.

15. When can a veterinarian request the transfer of a medical record?

A veterinarian can request the transfer of a medical record when they are treating an animal(s) that has previously received care from another veterinarian. The request is made in an attempt to facilitate and coordinate current patient care.

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16. Does a veterinarian have to obtain owner consent when they receive a request for medical record information from another veterinarian?

A veterinarian is not required to obtain owner consent to release medical record information if the request from another veterinarian is to facilitate and coordinate current patient care in cases where the record relates to the same owner.

17. When can a veterinarian release information in a medical record without the consent of the client?

A veterinarian is not required to obtain client consent to release medical record information when:

- Requested by another veterinarian to facilitate and coordinate patient care in cases where the record relates to the same owner;
- Required or authorized to do so by law, such as when there is a court order or when reporting to a provincial animal welfare inspector where they have reasonable grounds to believe that an animal is being abused, being subject to undue physical or psychological hardship, privation or neglect, including by participating in fights with other animals, or is being trained to fight another animal;
- Helping to prevent or assisting in the treatment of a person with a disease or physical injury, such as reporting any knowledge of any animal bite, or a contact that may result in rabies in persons to a local Medical Officer of Health. (For more information please refer to the Legislative Overview: Rabies found under the Professional Practice Standards and College Policy section of resources);
- Identifying, locating, or notifying the apparent owner of the animal(s), protecting the rights of the apparent owner, or
- enforcing applicable laws with respect of the animal, where it appears that the animal(s) is not owned by the person who has presented it for treatment;
- Requested or consented to by a previous owner of the animal(s) for the part of the record that was created during the period of that specific ownership; or
- Requested by the College of Veterinarians of Ontario.

18. Does a request for a medical record have to be in writing?

No. A request for a medical record may be made by telephone, facsimile, email, regular mail, in-person contact, or by any other means.

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19. Can a veterinarian charge a fee for providing a copy or part of a copy of a medical record?

Veterinarians are permitted to charge a reasonable fee to recover the cost of making a copy of a medical record (i.e. materials, staff time, courier/postage fees etc.). Clients should be informed of this fee and made aware that payment is not a pre-requisite for providing the copy of the record in a timely manner.

20. Can a veterinarian withhold the transfer/provision of a medical record due to unpaid fees?

A veterinarian must not obstruct the efficient and timely release of information due to any outstanding fees that a client may owe. This includes a client's refusal to pay for the copy of the medical record.

21. How quickly does a veterinarian need to respond to a request for a medical record?

A veterinarian is expected to respond to a request in a timely manner to enable continuity of care. Requests to transfer a complete copy of a' medical record should be completed within two (2) business days. In urgent cases, such as an emergency, relevant information can be provided verbally, with a copy of the medical record to follow.

22. Does a veterinarian have to transfer a full medical record?

A veterinarian is required to provide relevant historical (i.e. medical) information when requested by another veterinarian treating the animal(s). This may involve providing the entire medical record but can also include medical summaries or a portion of the medical record based upon the request being made.

For example, if the treating veterinarian is providing a second opinion about a specific condition, they may only require information that pertains to that condition. Another example is a referral to a specialist. This many only require that certain aspects of the medical history be provided.

A conversation between the veterinarians and/or client will assist with ensuring that the information that is required is available to coordinate care for the animal(s). The individual making the request can also be specific about what information is required.

There will be times when the veterinarian requesting the information determines that the full record is

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needed to coordinate care. The client also maintains the right to request a full copy of an animal(s)' medical record for any reason. In these circumstances, the full record must be provided.

23. Is a veterinarian required to provide copies of radiographs as part of a request for a medical record?

A veterinarian is required to provide radiographs if they are relevant to the request. For digital radiographs, a copy of the digital image may be provided. For film radiographs, a veterinarian may mail the original radiographs directly to the requesting veterinarian or client with a request for their return. If this is not practical, then the client can be asked to personally transfer the radiographs as long as a release is signed stating that the radiographs will either be returned or permanently transferred to the requesting veterinarian. Alternatively, digital photos of film radiographs may be forwarded. All digital copies of radiographs must preserve the quality of the image and prevent it from being altered.

24. A new client has an animal(s) that they have continuously owned that has previously received care from a different veterinarian. What are the treating veterinarian's obligations to ensure continuity of care as they relate to medical records?

When treating an animal(s) that has previously received treatment from another veterinarian, a veterinarian is required to notify the previous veterinarian and obtain relevant historical (i.e. medical) information as soon as practicable. After receiving the request, the previous veterinarian is required to provide information that is relevant to the request.

Example: Dr. X sees a new client and patient at their hospital to examine an unresolved lameness issue. Dr. X contacts Dr. Y who previously treated the patient to request relevant historical (i.e. medical) information. Based on the reason for the visit, Dr. X determines that it is necessary to review any visits to Dr. Y that relate to the lameness issue, any tests that were performed, treatments that were done (including any drugs prescribed, dispensed or administered), and the patient's vaccine history. Dr. X contacts Dr. Y to request this information. Dr. Y has their staff prepare the relevant records and sends them to Dr. X within two business days.

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25. A new client has booked an initial appointment for an animal(s) that they have continuously owned that has previously received care from another veterinarian. Staff informs the client that they will contact the previous veterinarian to request relevant historical (i.e., medical) information prior to the appointment. The client requests that they do not contact their previous veterinarian. What should the new veterinarian do?

When a new client makes an appointment with a veterinarian, there is the intent to establish a veterinarian-client-patient relationship (VCPR). During the contact with a new client, the veterinarian and/or staff can inform the client that they will need to contact their previous veterinarian and obtain relevant historical (i.e. medical) information on their animal(s). The reason for this is care coordination. Alternatively, they can ask the client to bring their animal(s)' medical record with them to the appointment or to provide it before the appointment.

There may be circumstances where a new client refuses to have further communication with the previous veterinarian, including requesting their' previous record. They may also indicate that they do not wish for the new veterinarian to contact their previous veterinarian. In these circumstances, the new veterinarian is obligated to inform the client that uncoordinated care puts their animal(s) at risk. If the client still refuses, the veterinarian can still proceed with seeing the patient if they choose to do so. The veterinarian must not break confidentiality or privacy by seeking the information when the client has withdrawn their consent.

Example: Dr. X is seeing a new client and patient. Dr. X's staff have requested that the new client bring the patient's previous medical history to the appointment. The client brings invoices and vaccine certificates from the previous veterinarian that they kept at home. Dr. X informs the client that they also need to see previous lab tests that were performed, including x-rays and bloodwork. Dr. X informs the client that they can contact the previous veterinarian for this information. The client indicates that they do not want Dr. X to contact the previous veterinarian. Dr. X informs the client about the importance of having this information to coordinate care and prevent duplication of tests. The client still refuses. Dr. X asks the client if they are willing to proceed with the appointment which involves taking a complete history and performing a complete examination of the patient and that this may indicate that lab tests are needed to determine further care. The client agrees to continue with the examination.

26. Can a veterinarian delay or refuse transmission of a medical record to another veterinarian if they believe the client has not provided consent?

It is not the responsibility of the veterinarian receiving the request for a record to determine if client

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consent has been provided. It is only when there are reasonable grounds to believe that the requesting veterinarian has not obtained at least implied consent, or where the client has withdrawn consent, that the responding veterinarian may refuse or delay transmission of information until confirmation can be sought from the client. Even here, the request for confirmation from the client should not amount to an attempt by the responding veterinarian to dissuade the client from exercising their right to consult with another veterinarian.

Example: Dr. X recently had a client request a transfer of their herd's medical record to another veterinarian, Dr. Y. Dr. X calls Dr. Y and requests that they provide a copy of the herds' records to add to their own file on the animals. Dr. Y asks Dr. X if the client has an appointment with their clinic. Dr. X tells Dr. Y that there is no appointment but that they are still a client. Dr. Y informs Dr. X that the client indicated that they did not wish to return to Dr. X's practice. Therefore, Dr. X is not entitled to a copy of the records since Dr. X will not be treating the patient. If in the future the client makes an appointment to see Dr. X again, then Dr. X can request relevant historical (i.e. medical) information from Dr. Y.

27. If a client requests the release of a medical record relating to a time when their animal(s) were owned by a different owner, does a veterinarian require the consent of the previous owner to release the records?

Yes. The information in the medical record pertaining to the period of time when the animal(s) were owned by the previous owner belongs to the previous owner and a veterinarian must obtain consent from the previous owner prior to releasing any information from those records.

Entries and Changes to Medical Records

28. How soon after an encounter should a medical record be updated?

A veterinarian must ensure that records are complete and up-to-date. Records should be created or updated immediately or as soon as possible after contact with the patient or client or new information is received. Timely recording of information minimizes the risk of incomplete records and ensures current information is available to all members of the veterinary team.

29. Can a veterinarian make a change to a medical record?

There are situations when it is necessary for a veterinarian to change a medical record to ensure that the correct information is recorded. Whether making a correction in electronic records or paper-based records, a veterinarian must not delete or make the original information illegible when making a correction.

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Paper-based Records: Corrections should be documented with the date of the change, the initials/name of the person making the change and a notation explaining the reason for the change. It is sufficient to strike a single line through incorrect information in paperbased records. The original information must remain legible.

Electronic Records: Electronic records should establish an audit trail that documents the change and retains the original information. A veterinarian must be familiar with the auditing capabilities of their software system, for example:

Some systems have an on/off feature for preserving the original content of records.

Other systems have a time-out feature or locking feature – this feature can be set so the system will time-out after a period of inactivity. The veterinarian must then sign back into the system to make the next entry.

If a software system does not have auditing capabilities, then a correction to the record can be documented as an addendum with the date of the change, the initials/name of the person making the change, reference to the entry being modified, and a notation explaining the reason for the change.

While some systems maintain an audit trail external to the main record, it is still considered part of the record. When making copies of electronic records, the audit trail must be accessible and capable of being printed.

30. Can all staff members enter information in a medical record?

Any person (e.g., veterinarians, technicians, other staff) who makes an entry in a medical record should be authorized to have access to the record. Whenever information is entered into the record, the entry should be documented with the initials of the person making the entry and the date the entry was made. For electronic records, the software should have the capacity to track and record who enters information and when it is recorded.

While aspects of medical record documentation can be delegated to auxiliary staff, a veterinarian remains responsible and accountable for the information recorded in the medical record. Veterinary oversight is required to ensure auxiliary staff members understand the requirements and expectations for documenting a complete medical record.

The language used by all staff members when writing in a medical record should be professional and

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objective and should avoid subjective and derogatory comments. A medical record is a permanent and legal record and it is important to ensure that the tone is professional in nature

31. What procedures should be in place to protect patient and client information from unauthorized access, loss or damage?

Appropriate steps must be taken to protect patient and client confidentiality regardless of whether records are paper-based or electronic. Physical and visual access to records should be limited to veterinarians and authorized staff.

Paper-based records should be stored in secure, fire-proof cabinets that are locked when not in use. Electronic records should be encrypted, and back-ups made and stored off-site. Passwords need to be secure and changed on a regular basis. Paper records and electronic equipment (e.g., laptops, USBs, etc.) must be securely stored when in transport.

Retention and Access to Medical Records

32. How long must a veterinarian retain records?

Medical records must be retained for a period of at least five years after the date of the last entry in the record or until two years after the member ceases to practice veterinary medicine, whichever occurs first. The veterinarian needs to ensure that the method of storage of records is secure, confidential, and accessible to them and the client upon request.

Radiographs are to be retained for as long as a patient record is retained, regardless of the date the radiograph was taken. For example, if a radiograph was taken more than five years ago but the patient record is still active, then the radiograph must be kept. Once a patient record can be purged (five years after the last entry), then all radiographs associated with that patient record can be purged.

33. When a practice closes permanently, what steps must be taken to enable access to medical records?

Veterinarians who close a facility must arrange for medical records to be stored for up to two years after the practice closes. The veterinarian needs to ensure that the method of storage of records is secure, confidential, and accessible to them and the client upon request. Clients and the College of Veterinarians of Ontario should be notified about how to access medical records.

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34. Can a veterinarian purge medical records if a client requests it and/or gives consent?

No. A veterinarian is required to retain a complete copy of the medical record for at least five years after the date of the last entry in the record or until two years after the member ceases to practice veterinary medicine, whichever occurs first.

35. What procedure must be followed when scanning documents for a medical record?

Scanned paper documents should be converted to read-only electronic formats. Once scanned, the original copy may be destroyed in a manner that protects privacy and confidentiality. Radiographs must be kept in their original format.

Exemptions to Medical Records Requirements

36. Are there any circumstances in which a veterinarian is exempt from the full medical records requirements?

Yes, a veterinarian who provides veterinary services in a temporary facility is not required to adhere to the full medical records requirements in respect of animals receiving services at the temporary facility.

In addition, for a veterinarian providing services that are permitted or required under the Dog Owners' Liability Act, the Animals for Research Act, the Provincial Animal Welfare Services Act, the Animal Health Act or under any other Act except for the Veterinarians Act or for a veterinarian who is retained or employed by a person other than an animal(s)' owner to conduct an independent examination of the animal(s) and report on the animal(s) health to that person, the medical record must contain only as much information as can reasonably be obtained in the circumstances. The records must be legibly written or typed, kept in a systematic manner, identified after each entry with the initials or code of the veterinarian responsible for the procedure (in practices of more than one practitioner or in practices that employ locums) and retained for a period of at least five years after the date of the last entry in the record or until two years after the member ceases to practise veterinary medicine, whichever occurs first. In addition, the records must adhere to the normal requirements regarding updating records and recording and maintaining electronic records.

Legislative Authority

R.R.O. 1990, Reg. 1093: General, s. 17, 22-28 (Veterinarians Act)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Medical Records*
2. *Professional Practice Standard: Informed Client Consent*
3. *Guide to the Professional Practice Standard: Informed Client Consent*
4. *Policy Statement: Ophthalmic Screening Program*
5. *Policy Statement: Congenital Deafness Screening Programs for Companion Animals*
6. *Policy Statement: Cardiac Screening Programs*
7. *Policy Statement: Conducting Programs for the Implementation of Electronic Identification Devices in Companion Animals*
8. *Position Statement: Temporary Emergency Facilities*
9. *Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
10. *Guide to the Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

Privacy in Your Practice

The protection of personal information is essential to the operations of any private sector organization. As providers of a service that collects, uses and discloses personal information in the course of commercial and professional activity, veterinarians are legally responsible, under the Personal Information Protection and Electronic Documents Act (PIPEDA), for protecting the privacy of the personal information they receive.

What is personal information?

Under PIPEDA, personal information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information in any form, such as:

- Age, name, ID numbers, income, ethnic origin;
- Opinions, evaluations, and comments; and
- Employee files, credit records, loan records, medical records, existence of a dispute between a consumer and a merchant, and intentions (for example, to acquire goods or services).

How do veterinarians collect personal information?

There are a variety of ways in which veterinarians collect personal information during regular business practice, the most common being the creation and updating of animal medical records. Other examples include electronic communications, client surveys, and payment collection services.

What conversations should veterinarians be having with clients regarding personal information?

Veterinarians must obtain client consent when they collect, use or disclose any personal information. Personal information can only be used for the purposes for which it was collected. If a veterinarian intends to use the information collected for any other purpose, they must once again obtain client consent.

What conversations should veterinarians be having with third-party service providers?

The College is aware that many veterinarians choose to partner with third-party service providers for electronic medical records and other practice management related purposes. When contracting these services, the veterinarian is responsible for ensuring that the third-party service provider upholds the same level of privacy protection expected of veterinarians.

What is considered a breach of privacy of personal information?

A breach of security safeguards is defined in PIPEDA as: the loss of, unauthorized access to or unauthorized disclosure of personal information resulting from a breach of an organization's security safeguards that are referred to in clause 4.7 of Schedule 1 of PIPEDA, or from a failure to establish those safeguards.

What are veterinarians expected to do if there as a breach of privacy of information?

Private sector organizations subject to PIPEDA, including accredited veterinary facilities, are required to report to the Privacy Commissioner of Canada any breaches of security systems involving personal information (e.g. hacking, stolen hard drives, malware software, etc.) that pose a real risk of significant harm to individuals. They are also required to notify the affected individuals about those breaches and to keep records of all breaches for a period of two years.

For more information on this process, please click here.

Is all information contained in an animal's medical record considered personal information?

While not all information contained in an animal's medical record is considered personal information by PIPEDA standards, Section 17 (1) 6. in Regulation 1093 of the *Veterinarians Act* states that it is professional misconduct for a veterinarian to reveal:

information concerning a client, an animal or any professional service performed for an animal, to any person other than the client or another member treating the animal except,

i. with the consent of the client,
ii. if required or authorized to do so by law,
iii. to prevent, or contribute information for the treatment of, a disease or physical injury of a person, or
iv. Revoked: O. Reg. 233/15, s. 11 (1).
v. for the purpose of identifying, locating or notifying the apparent owner of the animal, protecting the rights of the apparent owner or enforcing applicable laws in respect of the animal, where it appears that the animal is not owned by the person presenting it for treatment.
Given this, all information contained in an animal's medical record is subject to confidentiality and requires informed client consent before it can be disclosed. For more information on these requirements, please consult the College's Professional Practice Standard: Medical Records.

POLICY STATEMENT

Sale of Non-Drug Veterinary Products

Published: June 2020

Introduction

The system of drug management in Canada is complex and multi-layered and involves both federal and provincial oversight. This complexity can lead to confusion and often results in the need to clarify what laws and regulations apply in specific circumstances.

Outside of the strict framework for the sale of drugs, there are a variety of non-drug veterinary products that are used by veterinarians in the maintenance or promotion of the health of animals. In its review of these products and their use by veterinarians across all species, the Council noted that the majority are used in small animal practice. These products do not include drugs, nor retail items (i.e., pet food, leashes, cosmetics, medical supplies, nutraceuticals, etc.), available for sale in the public domain.

Historically, Council's interpretation has been that the sale of non-drug veterinary products be held to the same standard as the sale of drugs, inclusive of requiring a prescription and recent and sufficient knowledge obtained through a physical examination and/or premise visit. With changing channels of product access, Council has reevaluated the level of risk and determined that the sale of non-drug veterinary products requires a less stringent set of safeguards that continue to reflect the necessity and importance of the veterinarian-client-patient relationship (VCPR).

Non-drug veterinary products must be sold within a VCPR, which is a relationship established by conversation with a client. Unlike the requirements for prescribing and dispensing a drug, the requirement for recent or sufficient knowledge is not always necessary when selling a non-drug veterinary product. Instead, veterinarians are expected to engage with their clients to determine the appropriateness and suitability of a non-drug veterinary product for an animal(s) prior to sale.

Purpose and Scope

This Policy Statement has been developed to provide guidance for when a veterinarian chooses to sell a non-drug veterinary product to a client for the purpose of maintaining or promoting the health of an animal(s).

Definitions

Auxiliary: Auxiliary means a person involved in a veterinarian's practice of veterinary medicine, other than another veterinarian.

Client: Client means, with respect to a veterinarian, the owner of an animal(s) or group of animals, that the veterinarian is treating, an authorized representative of the owner, or an individual who the veterinarian reasonably determines is acting in the interest of the animal(s) or group of animals.

Drug: As per the *Drug and Pharmacies Regulation Act*, drug means any substance or preparation containing any substance (a) manufactured, sold or represented for use in (i) the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state or the symptoms thereof, in humans, animals or fowl, or (ii) restoring, correcting or modifying functions in humans, animals or fowl, (b) referred to in Schedule I, II, or III1 c) listed in a publication named by the regulations made under the *Drug and Pharmacies Regulation Act*, or (d) named in the regulations made under the *Drug and Pharmacies Regulation Act*.

Non-Drug Veterinary Product: Non-Drug Veterinary Product means a substance that is intended for use in the maintenance or promotion of the health of an animal(s) (e.g. pesticides, parasiticides, notified veterinary health products, etc.) that does not fall under the definition of a drug nor retail items available for sale in the public domain. For greater clarity, this definition excludes non-drug veterinary products listed in Appendix A.

Notified Veterinary Health Product: Notified Veterinary Health Product is defined by Health Canada as a low-risk drug in dosage form. They are used to maintain or promote the health and welfare of companion and food-producing animals. They are not for use to treat, prevent or cure disease. Notified Veterinary Health Products contain ingredients such as vitamins, minerals, and traditional medicines. A notified veterinary health product is also a non-drug veterinary product.

Expectations for Veterinarians Selling a Non-Drug Veterinary Product

A veterinarian, or an auxiliary working under the supervision of a veterinarian, may sell a nondrug veterinary product without a prescription or recent and sufficient knowledge obtained through a physical examination and/or premise visit to a client for the purpose of treating or promoting the health of an animal(s) if:

(a) The non-drug veterinary product is sold within a veterinarian-client-patient relationship;

(b) The client is provided with an opportunity to discuss whether the non-drug veterinary product is medically appropriate;

(c) The non-drug veterinary product is sold to be used only in an on-label manner. A nondrug veterinary product to be used in an off-label manner requires a prescription;

(d) The client is provided with information on the proper use, storage, handling, and the means of administration of the non-drug veterinary product;

(e) The client is provided with information regarding common side effects and any serious risks associated with the administration of the non-drug veterinary product;

(f) The client is provided with information on how to contact the veterinarian in case of adverse reaction to the non-drug veterinary product; and

(g) A written transaction of the sale is made and maintained.

Guide to the Policy Statement

A separate *Guide to the Policy Statement: Sale of Non-Drug Veterinary Products* has been developed by the College and can be found on the Colleges' website www.cvo.org.

Legislative Authority

Food and Drugs Act and Regulations (Federal)
Controlled Drugs and Substances Act (Federal)
Drug and Pharmacies Regulation Act and Regulation 58/11 and Regulation 264/16 (Provincial)
Veterinarians Act (Provincial)
Regulation 1093 made under the *Veterinarians Act* (Provincial)

Resources

The following can be found at the College's website at cvo.org:

1. *Guide to the Policy Statement: Sale of Non-Drug Veterinary Products*
2. *Professional Practice Standard: Prescribing a Drug*
3. *Guide to the Professional Practice Standard: Prescribing a Drug*
4. *Professional Practice Standard: Dispensing a Drug*
5. *Guide to the Professional Practice Standard: Dispensing a Drug*
6. *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
7. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
8. *Professional Practice Standard: Extra-Label Drug Use*
9. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
10. *Professional Practice Standard: Informed Client Consent*
11. *Guide to the Professional Practice Standard: Informed Client Consent*
12. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
13. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

Appendix A

Due to the complexity of federal and provincial drug oversight, the following substances that fall outside the definition of drug contained in the *Drug and Pharmacies Regulation Act* have been determined by the College to pose a higher risk to animal health and, therefore, continue to require a prescription provided after obtaining recent and sufficient knowledge through a physical examination or premise visit in order to be sold:

1. Biologics, including vaccines; and

2. Any substance that appears on Schedule “U” of the National Drug Schedules produced by the National Association of Pharmacy Regulatory Authorities.

GUIDE TO THE POLICY STATEMENT

Sale of Non-Drug Veterinary Products

Published: June 2020

Introduction

The College's *Policy Statement: Sale of Non-Drug Veterinary Products* outlines the expectations for when a veterinarian chooses to sell a non-drug veterinary product to a client for the purpose of maintaining or promoting the health of an animal(s) or group of animals. Using a question-and-answer format, this G*uide to the Policy Statement* addresses questions and offers suggestions on how to apply the *Policy Statement* in situations that arise in veterinary practice. It also offers scenarios that outline suggested approaches.

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Frequently Asked Questions

1. Why is a veterinarian expected to abide by a higher standard when selling non-drug veterinary products than a retail facility?

A veterinarian's professional status, licence, and prescribing and dispensing privileges provide them with authority and obligations that a non-veterinarian does not possess. The public has higher expectations of a veterinarian than a retail worker and is likely to rely on a veterinarian's advice and oversight. Further, Regulation 1093 states that a veterinarian must establish a veterinarian-client-patient relationship (VCPR) in order to provide veterinary services, which includes the sale of substances such as non-drug veterinary products.

2. Does a veterinarian need to complete a physical examination or premise visit before selling a non-drug veterinary product to a client?

No, although a veterinarian is required to establish a VCPR before the sale of any substance, inclusive of a drug and non-drug veterinary product, the establishment of a VCPR for the sale of non-drug veterinary products does not necessarily require a physical examination or premise visit.

3. How should a veterinarian determine whether they should sell a non-drug veterinary product to a client?

A veterinarian is required to have a VCPR with a client before selling them a non-drug veterinary product. Establishing a VCPR involves a conversation in which a relationship is created. Beyond this, a veterinarian should use their professional judgment and consider:

- The type of product being sought and its intended use;
- The information that they have regarding the animal and its health status;
- The known risks or side effects of the product; and
- Whether they are comfortable with providing the product without conducting a physical examination or premise visit.

4. Can a veterinarian sell a non-drug veterinary product intended to be used in an extra-label manner to a client?

No. Non-drug veterinary products may only be sold to a client if they are to be used in an onlabel manner. If the product is intended to be used in an extra-label manner, then its sale is subject to the same prescribing and dispensing rules that regulate the dispensing of drugs.

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5. What information should a veterinarian make a written note of when a client is sold a non-drug veterinary product?

A veterinarian is expected to make a written entry of a transaction when a client is sold a nondrug veterinary product. It is reasonable to expect that a veterinarian would make note of the client's name, the identification of the animal(s), the product sold, the name of the individual who sold the product, and the date of sale. The entry may also include a summary of any conversations held with the client.

6. What tasks may a veterinarian delegate to an auxiliary when selling a non-drug veterinary product?

A veterinarian is not permitted to delegate the establishment of a VCPR to an auxiliary. Beyond this limitation, a veterinarian is permitted to use their professional judgement in determining which aspects of the sale of non-drug veterinary products they choose to delegate to an auxiliary.

7. How can a veterinarian determine what is listed on Schedule "U" of the National Drug Schedules produced by the National Association of Pharmacy Regulatory Authorities?

The National Drug Schedules are found online on the National Association of Pharmacy Regulatory Authorities' website. The database may be searched by a variety of methods, including drug name, active ingredient, and specific schedule.

8. Are all products that are not defined as drugs non-drug veterinary products?

Please see the attached diagram which outlines three categories of products that may be sold at veterinary clinics:



Appropriate Use Scenarios

Scenario One

A client attends at Dr. Kimbel's veterinary clinic with their cat. Upon examination, Dr. Kimbel diagnoses the cat with fleas and sells Advantage II for treatment. The client then informs Dr. Kimbel that there are other cats in their household who have not seen a veterinarian. Dr. Kimbel is aware of the need to treat all animals in the household in order for the flea product to be effective and to eliminate the flea infestation. After discussion, Dr. Kimbel decides to sell additional doses of the pesticide to the client to be used on the other cats. Dr. Kimbel makes a written entry of this transaction, noting the client's name, the identification of the animal(s), the product sold, the name of the individual who sold the product, and the date of sale.

Scenario Two

An individual attends at Dr. Ahuja's veterinary clinic for the first time and asks Dr. Ahuja if there are any supplements that they can use for their geriatric dog whose movements are described as slow and stiff. Dr. Ahuja believes that chewable glucosamine tablets would be appropriate for the dog in question. He explains to the individual that, in order to sell the tablets, he will need to establish a VCPR. The VCPR is established via a brief conversation in which the individual agrees to retain Dr. Ahuja, they reach an agreement as to the scope of the services to be provided by the Dr. Ahuja, which in this case is narrow, and Dr. Ahuja advises the individual that services will only be provided in accordance with the standards of practice of the profession. Dr. Ahuja makes a written record of this transaction, noting the client's name, the identification of the animal(s), the product sold, the name of the individual who sold the product, and the date of sale.

Scenario Three

An individual enters a veterinary clinic owned by Dr. Sobry for the first time looking for a leash of a particular brand which the veterinary clinic stocks and displays at the front of the store, in the retail section. That section of the store displays pet food, leashes, cosmetics, medical supplies, nutraceuticals, etc. A veterinary technician who greets the individual determines that since the leash is a retail item that is not a drug or a non-drug veterinary product used in the maintenance or promotion of the health of an animal(s), it may be sold without establishing a VCPR, and sells the leash to the individual.

Scenario Four

A client attends at Dr. Bodnar's veterinary clinic and informs a staff member at the front desk that they are seeking a calcium supplement for their dairy cows. Dr. Bodnar has worked with this client before and has a current VCPR. Dr. Bodnar has trained his staff about the non-drug veterinary products available in the clinic to allow them to provide assistance to clients. After discussion, the staff member decides to sell the client an oral calcium supplement. The staff member makes a written record of this transaction, noting the client's name, the identification of the animal(s), the product sold, the name of the individual who sold the product, and the date of sale.

Legislative Authority

Food and Drugs Act and Regulations (Federal)
Controlled Drugs and Substances Act and Regulations (Federal)
Drug and Pharmacies Regulation Act and Regulation 58/11 (Provincial)
Veterinarians Act (Provincial)
Regulation 1093 made under the *Veterinarians Act (Provincial)*

Resources

The following can be found at the College's website at cvo.org:

1. *Policy Statement: Sale of Non-Drug Veterinary Products*
2. *Professional Practice Standard: Prescribing a Drug*
3. *Guide to the Professional Practice Standard: Prescribing a Drug*
4. *Professional Practice Standard: Dispensing a Drug*
5. *Guide to the Professional Practice Standard: Dispensing a Drug*
6. *Professional Practice Standard: Extra-Label Drug Use*
7. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
8. *Professional Practice Standard: Use of Compounded Drugs in Veterinary*
9. *Practice*
10. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
11. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
12. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
13. *Professional Practice Standard: Informed Client Consent*
14. *Guide to the Professional Practice Standard: Informed Client Consent*
15. *Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian Client Patient Relationship (VCPR)*
16. *Guide to the Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian Client Patient Relationship (VCPR)*

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POSITION STATEMENT

Veterinary Acupuncture

Published: September 2023

Introduction

In recent years, the public, the veterinary profession, and other non-veterinary animal care providers have expressed an increased interest in the provision of veterinary acupuncture. As this interest increases, ensuring ongoing safety and quality surrounding this activity remains paramount to animal welfare and the public interest.

This Position Statement serves to communicate Council's position on the performance of veterinary acupuncture on animals in Ontario.

Definition

Veterinary Acupuncture: Veterinary acupuncture is defined as the insertion of needles into specific points on the body to produce a healing response.[1]

[1] International Veterinary Acupuncture Society (IVAS)

Background

Council acknowledges that there are many non-conventional therapies that are currently employed in the treatment and/or care of animals. The College's existing *Position Statement: Use of Non-Conventional Therapies in the Practice of Veterinary Medicine* recognizes that these therapies exist on a wide and evolving spectrum that ranges from higher to lower risk in relation to their safety, efficacy, evidence base, and acceptance within conventional veterinary medicine. Some of these non-conventional therapies fall under the practice of veterinary medicine and can only be offered by veterinarians. Others are in the public domain and can be offered by both veterinarians and non-veterinary animal care providers.

When determining whether a particular therapy falls under the practice of veterinary medicine, Council aims to maintain positions and policies that are relevant to current practice and ensure that safe and quality treatment and/or care is provided to animals. Council conducts a thorough risk-based review before determining any policy direction and remains focused on ensuring that public protection and animal welfare are thoroughly considered before any action is taken.

Council acknowledges the importance of the public having access to and choice in selecting providers for animal care. It is also Council's ongoing responsibility, however, to ensure that higher risk activities remain the practice of veterinary medicine in order to maintain safety and accountability.

Position

Veterinary acupuncture when performed on animals is considered the practice of veterinary medicine in Ontario.

Based on extensive research and analysis, it is the position of Council that veterinary acupuncture is a higher risk activity when performed on an animal which necessitates its ongoing classification as the practice of veterinary medicine.

Given these characteristics, veterinary acupuncture is only to be performed by a veterinarian licensed with the College. The performance of veterinary acupuncture is not delegable to auxiliaries.

Legislative Authority

Veterinarians Act R.S.O. 1990, c. V.3 s. 3

Ontario Regulation 1093 R.S.O 1990 s. 18(1)

Resources

The following can be found at the College's website at cvo.org:

1. *Position Statement: Use of Non-Conventional Therapies in the Practice of Veterinary Medicine*

References

A full list of reference materials is available upon request.

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

POLICY STATEMENT

After-Hours Care Services

Published: July 2019

Revised: November 2023

Introduction

With the formation of a veterinarian-client-patient relationship ("VCPR") a veterinarian assumes a variety of professional responsibilities. In accordance with Regulation 1093, one of these responsibilities is for licensed veterinarians to provide after-hours care services to animals that they have recently treated or treat regularly. These services may be provided in a variety of ways, and are contingent on finding the right balance between meeting legislative requirements, managing client expectations, assuring patient needs, and supporting the health of the individual veterinarian.

Overview of Regulation 1093, Section 20 (*Veterinarians Act*)

The legislated requirements for licensed veterinarians to provide after-hours care services are outlined in Section 20 of Regulation 1093, In particular, this section clarifies that:

1. A licensed veterinarian is responsible for providing reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that they have recently treated or that they treat regularly;

2. The services required under subsection (1) may be provided by the licensed veterinarian, their associate(s), or by referral to another licensed veterinarian who has agreed to cover the referring licensed veterinarian's practice;

3. When a licensed veterinarian provides after-hours care services by referring to an emergency clinic, the referring veterinarian is responsible for promptly continuing to provide medically necessary services to the animal after discharge from the emergency clinic until the services are no longer required or until the client has had a reasonable opportunity to arrange for the services of another licensed veterinarian;

4. A licensed veterinarian is required to inform their clients as to how they can access veterinary services outside of the licensed veterinarian's regular practice hours;

5. A licensed veterinarian is required to promptly inform their clients if the licensed member makes changes to how they offer after-hours care services;

6. A licensed veterinarian is required to keep records of every time they provide after-hours care services information to their clients; and

7. If an animal is to be hospitalized/housed in a veterinary facility after regular practice hours, the licensed veterinarian treating the animal shall inform their client of the supervision arrangements for that animal.

Requirement to Provide After-Hours Care Services

Licensed veterinarians have a variety of options when deciding how best to provide access to after-hours care services for animals that they have treated recently or treat regularly. These options include (singularly or in combination):

- Providing "on-call" services either by themselves or in cooperation with other licensed veterinarians at the same accredited facility or through an in-house teletriage service;

- Arranging coverage agreements with other licensed veterinarians at neighbouring accredited facilities who have agreed to share the provision of "on-call" services;

- Referring clients to another accredited facility that provides 24/7 services and has agreed to accept the referrals;

- Referring clients to an independent, Ontario accredited teletriage service; and
- Referring clients to an accredited Emergency Clinic.

Licensed veterinarians are permitted to determine which options best suit their practice and expertise and are not required to maintain the same options at all times. They are permitted to set the times and parameters in which they will offer their services. They may also employ a combination of different methods to ensure the timely and responsible provision of after-hours care services

Communicating After-Hours Care Services to Clients

If a licensed veterinarian chooses to make alterations to their after-hour care services, either permanently or to cover planned absences such as vacations, they are required to take steps to notify their clients of the changes as soon as possible. Such steps may include a telephone message, signage on the door of the facility or electronic notice. In accordance with Section 20 of Regulation 1093, licensed veterinarians are required to keep record of the information that was provided.

Requirement for Continuity of Care in an Emergency

Licensed veterinarians are required to see an animal that they have recently treated or treat regularly after said animal is discharged from an emergency clinic if ongoing medical care is necessary, until emergency services are no longer required, or until the client has had a reasonable opportunity to arrange for the services of another licensed veterinarian.

Unforeseen Circumstances

Licensed veterinarians are expected to attempt to notify their clients of any unforeseen circumstances, such as severe weather or illness, that will affect their provision of after-hour care services. However, the College does recognize that there will arise circumstances in which a licensed veterinarian is unable to reasonably provide after-hours care services or timely notification. In these instances, the College expects a licensed veterinarian to keep records that note the reasoning behind the circumstances and the information that was provided to clients.

Requirement for Informed Consent when an Animal is Hospitalized After-Hours

Licensed veterinarians are expected to obtain informed client consent that ensures that the client understands and accepts the level of care and supervision provided when animals are housed in a veterinarian's accredited facility overnight and that the level of care may vary based on circumstance.

Legislative Authority

R.R.O. 1990, Reg 1093, s. 20 (*Veterinarians Act*)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
2. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

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PROFESSIONAL PRACTICE STANDARD

Telemedicine

Published: May 2016
Revised: March 2017; September 2018; June 2022

Introduction[1]

Advancements in technology, in all forms, provide opportunities for new approaches to the delivery of veterinary medicine. As the broader world of veterinary telehealth continues to expand, the College recognizes the value of veterinarians utilizing developments in technology to improve access to the provision of veterinary medicine, where appropriate, and supports innovations in the delivery of veterinary services.

In all circumstances, an individual practising veterinary medicine in Ontario must be licensed with the College of Veterinarians of Ontario and practice from an Ontario accredited veterinary facility. This standard should not be construed to alter the scope of practice of any veterinarian or authorize the delivery of veterinary medicine in a manner not otherwise authorized by legislation or its specific and explicit interpretation by the College. This document supports a consistent standard of practice notwithstanding whether the tools of delivery are physically or virtually based. For clarity, a veterinarian using telemedicine technologies in the provision of veterinary services to a patient (whether existing or new) must take appropriate steps to establish a veterinarian-client-patient relationship and conduct all appropriate evaluations and history of the patient consistent with

[1] Introduction adapted from the Federation of State Medical Boards' Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine.

standards of practice for the particular presentation. As such, some situations and patient presentations are appropriate for the utilization of telemedicine technologies as a component of, or in lieu of, in-person provision of medical care, while others are not.

The College has developed this standard to educate licensed members as to the appropriate use of telemedicine technologies in the practice of veterinary medicine. The College is committed to assuring patient and client access to the convenience and benefits offered by telemedicine technologies, while promoting the responsible practice of veterinary medicine by veterinarians. The College maintains its regulatory authority to investigate any complaints made about a veterinarian licensed in Ontario regardless of whether the veterinarian and/or the animal(s) or group of animals is physically located in Ontario.

Definitions[2]

Telemedicine: Telemedicine is the provision of specific veterinary medical advice and veterinary treatment of an animal(s) or group of animals based on the virtual assessment by means of telecommunications technology where no in-person physical examination or in-person premise visit of the animal(s) or group of animals by the veterinarian takes place. It does not include consultation between veterinarians where colleagues in different physical locations consult virtually with each other or the provision of general, non-specific, advice.

Telehealth: Telehealth is the overarching term that encompasses all uses of technology geared to deliver health information, education or care virtually. Telehealth includes a broad variety of technology and tactics to deliver virtual medicine, health and education services. Telehealth is not a specific service, but a collection of tools which allow veterinarians to enhance care and education delivery. Telehealth encompasses both telemedicine and general advice.

[2] Working definitions taken from the benchmark created by the Innovation and Technology Advisory Group of the College of Veterinarians of Ontario

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Telemedicine* when they:

1. Understand that a veterinarian-client-patient relationship is established via telemedicine meeting the same expectations as when the relationship is established in-person in accordance with the *Professional Practice Standard: Veterinarian-Client-Patient Relationship (VCPR).*

2. Understand that practising veterinary medicine via telemedicine is only permitted in the context of a VCPR.

3. Understand that telemedicine is a method or mode of delivering veterinary medicine, rather than a new model of practice. Further, a veterinarian's existing legal and professional obligations are not altered when veterinary medicine is provided via telemedicine.

4. Employ sound professional judgment to determine whether using telemedicine is appropriate in particular circumstances each and every time they consider practising via telemedicine, and only provides advice via telemedicine to the extent that it is possible without a physical examination or premise visit. In doing so, a veterinarian must consider whether practising via telemedicine will enable them to satisfy all relevant and applicable legal and professional obligations, and meet the expected standard of practice in any specific case. They do not substitute telemedicine technology for a physical examination or premise visit when either is necessary, and where they could not make an appropriate working diagnosis or create a treatment plan.

5. Understand that, in accordance with the *Professional Practice Standard: Prescribing a Drug*, a veterinarian may prescribe a drug via telemedicine for an animal(s) or group of animals when they:

(i) have recent and sufficient knowledge the animal(s) or group of animals by virtue of a history and inquiry and either in-person physical examination of the animal(s) or group of animals or medically appropriate and timely in-person visits to the premises where the animal(s) or group of animals is kept to reach at least a general or preliminary diagnosis;

(ii) believe that the drug is prophylactically or therapeutically indicated for the animal(s) or group of animals; and

(iii) is readily available in-person in case of adverse reactions to the drug or failure of the regimen of therapy.[3]

6. Further understand that, in accordance with the *Professional Practice Standard: Prescribing a Drug*, a veterinarian may obtain recent and sufficient knowledge through a virtual physical examination or virtual premise visit to prescribe a non-controlled drug to an animal(s) or group of animals when the following conditions are met:

(i) They conduct a virtual physical examination or virtual premise visit of an animal(s) or group of animals' circumstances and condition to obtain sufficient information regarding its status and condition to indicate an immediate need for drug therapy;

(ii) The quantity of the drug prescribed is limited to an immediate, short-term need or is the minimum amount necessary to allow the client a reasonable opportunity to obtain in-person veterinary services for the animal(s) or group of animals; and

(iii) They are readily available in-person to manage adverse reactions to the drug or failure of the regimen of therapy.

7. Practise veterinary medicine via telemedicine only in association with an accredited veterinary facility in Ontario.

8. Ensure that the client is aware of the veterinarian's location, licensure status and the privacy and security issues involved in accessing veterinary care via telemedicine.

9. Ensure that they safeguard a client's privacy when practising via telemedicine by taking appropriate precautions and confirming that the technology and physical setting being used by the veterinarian and client have adequate security protocols in place to ensure compliance with the veterinarian's legal and professional obligations to protect clients' privacy and confidentiality.

10. Ensure that the technology used with respect to practice via telemedicine is of sufficient and appropriate quality to ensure the accuracy of remote assessment.

[3] In accordance with the College's *Policy Statement: After-Hours Care Services*

11. Ensure that information that is collected when a veterinarian practises via telemedicine becomes a part of the medical record. Maintain all applicable aspects of record keeping in accordance with the *Professional Practice Standard: Medical Records*.

Legislative Authority

Veterinarians Act, R.S.O. 1990
R.R.O. 1990, Reg. 1093: General (*Veterinarians Act*)

Resources

The following can be found at the College's website at cvo.org:

1. *Guide to the Professional Practice Standard: Telemedicine*
2. *Professional Practice Standard: Medical Records*
3. *Guide to the Professional Practice Standard: Medical Records*
4. *Professional Practice Standard: Prescribing a Drug*
5. *Guide to the Professional Practice Standard: Prescribing a Drug*
6. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
7. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
8. *Professional Practice Standard: Delegation*
9. *Professional Practice Standard: Informed Client Consent*
10. *Guide to the Professional Practice Standard: Informed Client Consent*
11. *Information Sheet - Apiculture & Bee Medicine*

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GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Telemedicine

Published: May 2016
Revised: November 2017, June 2022

Introduction

The College's *Professional Practice Standard: Telemedicine* establishes the expectations that are fundamental to practising veterinary medicine via telemedicine in Ontario. Using a question-and-answer format, this *Guide to the Professional Practice Standard* addresses questions and offers suggestions on how to apply the *Professional Practice Standard* in situations that arise in veterinary practice.

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General Overview of Telemedicine

1. What is telemedicine?

Telemedicine refers to the provision of specific veterinary medical advice and veterinary treatment of an animal(s) or group of animals based on a virtual assessment by means of telecommunication technology where no in-person physical examination or in-person premise visit of the animal(s) or group of animals by the veterinarian takes place. Practicing via telemedicine does not alter a veterinarian's existing legal and/or professional obligations.

2. Does practicing via telemedicine include consultation between veterinarians?

Telemedicine does not include teleconsultation between veterinarians where colleagues in different physical locations consult virtually with each other. In cases of teleconsultation, legal and/or professional obligations remain with the veterinarian who established the veterinarian-client-patient relationship (VCPR).

3. Does practicing via telemedicine include providing general information or education to an individual using electronic means?

If a veterinarian is providing general advice to an individual that is not specific to their animal and could be applied to many animals, this is not considered practising via telemedicine. This would be considered telehealth, which encompasses both telemedicine and general advice. To review the full definition of telehealth, please refer to the *Professional Practice Standard: Telemedicine*.

4. Does practicing via telemedicine include triage?

In Ontario, triage is considered specific veterinary medical advice and falls under the practice of veterinary medicine. When triage is provided using electronic means (i.e. teletriage), it is a component of practicing via telemedicine.

A veterinarian's legal and professional obligations are unchanged whether triage is performed in-person or using electronic means.

5. What types of veterinary services can be offered via telemedicine?

Telemedicine is a method or mode of delivering veterinary medicine. A veterinarian uses professional judgement to determine what services to provide via telemedicine, in accordance with the relevant legislation and College standards. A veterinarian provides services via telemedicine to the extent that

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is possible without an in-person examination or in-person premise visit.

Licensing and Accreditation

6. Is a veterinarian required to be licensed with the College in order to provide veterinary services via telemedicine to an animal(s) or group of animals located in Ontario?

All veterinarians who provide veterinary services via telemedicine to an animal(s) or group of animals located in Ontario must be licensed with the College regardless of the location of the veterinarian.

7. Is a veterinarian licensed with the College permitted to provide veterinary services via telemedicine to an animal(s) or group of animals located outside of Ontario?

A veterinarian licensed in Ontario providing veterinary services to an animal(s) or group of animals who resides outside of Ontario would need to meet the regulatory requirements of the jurisdiction where the animal resides.

The College maintains its regulatory authority to investigate any complaints made about a veterinarian licensed in Ontario regardless of whether the veterinarian and/or the animal(s) or group of animals is physically located in Ontario.

8. Does a veterinarian offering veterinary services to an animal(s) or group of animals located in Ontario have to practice from an accredited facility in Ontario?

All veterinarians who provide veterinary services via telemedicine to an animal(s) or group of animals located in Ontario must be working at or from an accredited facility in Ontario. The veterinarian does not have to be physically present at the accredited facility in order to provide services.

9. Can a veterinarian practice from an accredited facility in Ontario that is limited to providing only telemedicine services?

Yes. For more information related to these requirements please contact the College's accreditation team.

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10. Can a veterinarian utilize a third-party company platform to provide veterinary services via telemedicine?

A veterinarian may choose to utilize a third-party company's platform to connect with clients in order to deliver veterinary services via telemedicine when practicing from an accredited facility. The platform is a conduit or interface between the client and the veterinarian and is not in itself an accredited facility. The veterinarian is solely responsible for the services provided via telemedicine, including collecting fees from clients for these services and medical record-keeping.

Third-party providers of software (who are non-veterinarians) that assist veterinarians in providing telemedicine services should not hold themselves out as providing veterinary telemedicine services to the public. For more information, please see the *Professional Practice Standard: Conflicts of Interest in the Practice of Veterinary Medicine* and the *Position Statement: Unauthorized Practice*.

Prescribing

11. Can a veterinarian prescribe a drug via telemedicine?

A veterinarian is permitted to prescribe a drug for an animal(s) or group of animal(s) via telemedicine. The professional expectations related to this allowance are outlined in the *Professional Practice Standard: Prescribing a Drug* and are repeated in the *Professional Practice Standard: Telemedicine*.

12. Can a veterinarian prescribe a drug when they obtain recent an sufficient knowledge of the patient(s) via telemedicine where no in-person physical examination or in-person premise visit has previously been conducted?

There are specific circumstances where a veterinarian is permitted to prescribe a non-controlled drug to an animal(s) or group of animals for an immediate, short-term need when they have obtained recent and sufficient knowledge through a virtual examination or premise visit. The professional expectations related to this allowance are outlined in the *Professional Practice Standard: Prescribing a Drug* and are repeated in the *Professional Practice Standard: Telemedicine*.

Veterinarian-Client-Patient Relationship (VCPR)

13. In order to practice via telemedicine, does a veterinarian need to first establish a VCPR in-person?

Veterinarians are permitted to establish a VCPR without an in-person physical examination or in-

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person premise visit. This can include use of different technologies including, but not limited to, telephone and video teleconference. A VCPR established in this way holds the same expectations as when the relationship is established in-person. For more information, please refer to the *Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*.

Example: Dr. Smith is working at Clinic A in Ontario and provides veterinary services via telemedicine. They receive a phone call from Susan, who is not a client. Susan recently moved to Ontario and has a concern about their dog. Dr. Smith determines that the concern can be addressed via telemedicine. Susan and Dr. Smith establish a VCPR over the phone whereby they discuss and confirm the scope of services to be provided.

Client Communications and Recordkeeping

14. What is a veterinarian expected to communicate to their client(s) when practicing via telemedicine?

A veterinarian should always clearly identify themselves. They should also;

- indicate their location and accredited facility name to their client(s) as an assurance of the veterinarian's identity;
- indicate that this information is verifiable on the College's public register; •
- ensure their client(s) know the scope of services they can provide, and how to obtain in-person care if needed;
- ensure their client(s) are aware of any relevant privacy and security issues involved in accessing veterinary care via telemedicine.

15. What are the medical record requirements when practising via telemedicine?

A veterinarian must maintain all relevant aspects of record keeping in accordance with the *Professional Practice Standard: Medical Records*.

16. What privacy legislation needs to be followed when practising via telemedicine?

Veterinarians are subject to the Personal Information Protection and Electronic Documents Act (PIPEDA). This includes personal information gathered via telemedicine after obtaining client consent-

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to collect, use or dis close the information.

A veterinarian must also ensure client confidentiality is maintained as per s. 17. (1) 6. in Regulation 1093. For more information, please refer to the Privacy in Your Practice section of the College's website.

17. If a veterinarian is using a third-party company's platform to practise via telemedicine, where should the medical records be stored?

Expectations for medical recordkeeping are not changed if a veterinarian is using a third-party company's platform to practice via telemedicine. A veterinarian is required to keep the original physical and/or electronic copy of the medical records in the accredited veterinary facility where veterinary services are provided. For more information, please see the College's *Professional Practice Standard: Medical Records* and the *Guide to the Professional Practice Standard: Medical Records*.

Practising via Telemedicine

18. Can a veterinarian charge a fee for services that are provided via telemedicine?

A veterinarian may choose to charge a fee for services provide via telemedicine.

19. Can telemedicine be used for the provision of after-hours care services?

Telemedicine may be one option for providing after-hours care services. For more information, please see the *Policy Statement: After-Hours Care Services*.

20. Can a veterinarian delegate a task to an auxiliary while practising via telemedicine?

A veterinarian uses their professional judgment to determine when to delegate a task to an auxiliary. They must practise in accordance with the Professional Practice Standard Delegation, and any other legislation and College standards relevant to the specific circumstance.

Example: Dr. Clason, a large animal veterinarian, has a telephone consultation with a producer with whom they have previously established a VCPR. The producer informs the veterinarian that they have a cow that has a large wound on its leg. The producer provides Dr. Clason with digital pictures of the wound. Dr. Clason takes a history and reviews the pictures. They recently conducted an in-person premise visit where the cow is located. They determine that diagnostic tests are required to have

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sufficient information to provide a diagnosis. Dr. Clason discusses this with the producer and advises that they would like to send their auxiliary to the farm today to take some samples for testing. They obtain informed client consent to proceed with the auxiliary gathering the samples under delegation and indirect supervision through one of the accredited mobiles of the practice.

Legislative Authority

R.R.O 1990, Reg 1093: General, s. 17, 22-28 (*Veterinarians Act*)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Telemedicine*
2. *Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
3. *Guide to the Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
4. *Professional Practice Standard: Prescribing a Drug*
5. *Professional Practice Standard: Conflicts of Interest in the Practice of Veterinary Medicine*
6. *Position Statement: Unauthorized Practice*
7. *Professional Practice Standard: Medical Records*
8. *Guide to the Professional Practice Standard: Medical Records*
9. *Professional Practice Standard: Informed Client Consent*
10. *Policy Statement: Ophthalmic Screening Program*
11. *Policy Statement: Congenital Deafness Screening Programs for Companion Animals*
12. *Policy Statement: Cardiac Screening Programs*
13. *Policy Statement: Conducting Programs for the Implementation of Electronic Information Devices in Companion animals*
14. *Position Statement: Temporary Emergency Facilities*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

PROFESSIONAL PRACTICE STANDARD

Management and Disposal of Controlled Drugs

Published: December 2014
Revised: March 2017, January 2023

Introduction

Veterinarians are authorized to prescribe, dispense, and administer controlled drugs. With that authority comes the responsibility to mitigate the risk of inappropriate or illegal access to controlled drugs. This responsibility includes the overall management of any controlled drugs used in a veterinary practice, including disposal.

Definition

Controlled drug: For the purposes of this *Professional Practice Standard,* the term controlled drug means controlled substance[1].

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Management and Disposal of Controlled Drugs* when they:

1. Follows an established protocol for the acquisition of controlled drugs that records all orders, purchases and receipts and matches the quantity received with the quantity recorded in the purchase order.

[1] Defined by the Government of Canada as: Any substance listed in Schedules I-V of the Controlled Drug and Substances Act. This includes any preparations containing these substances, except for test kits.

2. Maintain a Controlled Drug Log of all controlled drugs and any compounded products that contain controlled drugs.

3. Ensure that the Controlled Drug Log contains information about what drugs were used for which animals, the date that a controlled substance is dispensed or administered, the name and address of the client, the name, strength, and quantity of the controlled substance dispensed or administered, and the quantity of the controlled substance remaining in the member's inventory after the controlled substance is dispensed or administered.

4. Ensure audits are performed on a regular basis.[2]

5. Ensure that all controlled drugs are stored securely at all times

6. Restrict access to controlled drugs to veterinarians and qualified auxiliary staff.

7. Report unreconciled loss or theft of controlled drugs to police immediately and to Health Canada within 10 days[3].

8. Destroy controlled drugs using a process that follows federal regulations and any environmental requirements set out by federal, provincial and/or municipal jurisdictions.

Guide to the Standard

A separate *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs* has been developed by the College and can be found on the Colleges' website www.cvo.org.

[2] Refer to the Guide to this Standard for the specific requirements related to audit requirements.
[3] Loss is the physical disappearance of controlled drugs that is unexplained at the time of discovery. Theft is the removal of any quantity of controlled drug under the custody of a regulated party without legitimate consent.

Legislative Authority

R.R.O. 1990, Reg. 1093: General s. 28 (*Veterinarians Act*)

SRO/2000-217, s. 1(1), 2, 6, 7, 58-62 (Benzodiazepine and Other Targeted Substances Regulations, *Controlled Drugs and Substances Act*, Canada)

C.R.C., c 870, Part G.01.001-002, G.04.001-002, G.05.001 (Food and Drug Regulations, *Food and Drugs Act*, Canada)

C.R.C., c 1041, s. 54, 63, 65(1-2) (Narcotic Control Regulations, *Controlled Drugs and Substances Act*, Canada)

Resources

The following can be found at the College's website at cvo.org:

1. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
2. *Professional Practice Standard: Medical Records*
3. *Guide to the Professional Practice Standard: Medical Records*
4. Sample Controlled Substance Log
5. Sample Audit Forms
6. Tips for Conducting Audits

The following additional resources are also applicable:

Health Canada, *Loss or Theft Report Form for Controlled Substances and Precursor*
Health Canada, *Guidance on Reporting Loss or Theft of Controlled Substances and Precursors*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Management and Disposal of Controlled Drugs

Published: December 2014
Revised: April 2017; July 2019; March 2023, October 2023

Introduction

The College's *Professional Practice Standard: Management and Disposal of Controlled Drugs* describes the expectations a veterinarian must meet when controlled drugs are part of the pharmaceutical inventory in a veterinary practice. Veterinarians are expected to implement strategies to mitigate the risk of loss, theft, or diversion of controlled drugs. Using a question-and-answer format, this *Guide to the Professional Practice Standard* addresses questions and offers suggestions on how to apply the *Professional Practice Standard* in situations that arise in veterinary practice.

Definition[1]

The term controlled drug means controlled substances.

[1] Definitions used in the Guide are from the associated *Professional Practice Standard*.

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Frequently Asked Questions – Inventory Management and Audits

1. What steps should be taken to ensure that new inventory is recorded accurately?

In 2013, Health Canada issued a letter to veterinary regulators across Canada with information on the Controlled Drugs and Substances Act (CDSA) and its regulations.

The notice describes the regulatory requirements and encourages veterinarians to adopt best practices which include the following:

- Examine and inspect shipping containers immediately upon receipt and document any anomalies such as tampering, improper or missing seals, etc.
- Physically inspect bottles and containers for missing seals, damage and any indications that the supply is less than ordered.
- If anomalies are identified, it may be necessary to complete a physical count of the shipment.

2. What is involved in doing an audit of controlled drugs?

An audit is a process used to reconcile records with actual inventory. Audits involve a physical check of current inventory against a review of documentation that shows how much stock has been added to and taken from the inventory. Veterinarians should provide a written protocol to guide staff who are responsible for doing audits. Each audit should be documented and include signatures of the auditor(s), date of the audit and any explanatory notes. Refer to the resources listed at the end of this Guide to the Professional Practice Standard.

3. Who should conduct audits?

Monthly controlled drug audits (performed every 21 to 31 days) should be conducted by two staff who are specifically identified by a veterinarian to manage controlled drugs. If possible, staff should alternate in the auditor role.

4. When should controlled drugs be audited?

Mechanisms should be in place for both regular and random audits. In the case of companion animal facilities, audits of controlled drugs are required on a monthly basis (performed every 21 to 31 days). The College encourages veterinarians who practise in all other facilities to engage in regular audits; more frequent audits facilitate reconciliation. Additional audits may be necessary in the following situations:

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- When discrepancies caused by process losses are identified in facilities that compound drugs.
- When shipments of controlled drugs appear to have been tampered with (e.g., seals are missing or altered, containers are damaged or inaccurate counts are found during the reconciliation process).
- When a break-in, robbery, fire or other physical damage or loss has occurred at the facility.

5. If a companion animal facility uses an electronic order processing system and an electronic controlled drug log, is an audit required?

Audits of controlled drug inventory in companion animal facilities must be completed regardless of whether the records are paper-based or electronic.

Frequently Asked Questions – Security of Controlled Drugs

6. What steps should be considered to limit access to controlled drugs in a veterinary practice?

Access to controlled drugs should be limited to veterinarians and authorized auxiliary staff who are educated about controlled drug policies and procedures. Additional procedures that limit access include:

- Keys to locked storage areas and/or cabinets are accessible only to authorized staff;
- Areas where controlled drugs are stored are not accessible to clients and clients are supervised if they have access to any space where controlled drugs are stored;
- Cabinets are locked at all times except when a controlled drug is being dispensed or new inventory is being placed in the storage area;
- When controlled drugs are transported, they are stored in a locked container and are not left unattended. A veterinarian working from an accredited mobile facility is encouraged to be aware of the need for additional security.

7. What design features should be incorporated into a storage cabinet to minimize risk of theft of controlled drugs?

If possible, veterinarians should ensure that controlled drugs are stored separately from other drugs. If this is not feasible, the controlled drugs should be contained in a locked container stored within the cabinet used to store drugs. The following is a list of design features for cabinets that help to minimize the risk of theft:

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- Metal cabinets are preferred because cabinets made of wood or plastic/resins are less secure;
- Double locks provide additional security but the cabinet must have at least one lock;
- Hinges cannot be removed from the outside of the cabinet;
- All sides of the cabinet are enclosed (i.e., there is no access by removing a cabinet or drawer above or below)

Frequently Asked Questions – Documentation

8. What information is required in a controlled drug log?

A controlled drug log contains information about what drugs were used for which animals and must indicate the date that a controlled substance is dispensed or administered, the name and address of the client, the name, strength, and quantity of the controlled substance dispensed or administered, and the quantity of the controlled substance remaining in the member's inventory after the controlled substance is dispensed or administered. It is also recommended that the veterinarian or staff member entering the information in the log should identify the patient for which the controlled drug has been dispensed and sign their name or initials to that entry in the drug log. In addition to recording information on all controlled drugs, the log should document inventory of any compounded products that include controlled drugs. A sample log that incorporates the requirements described in Regulation 1093 and required by the Professional Practice Standard can be found on the College's website under the Resources tab.

9. What documentation is required when a discrepancy is identified during an audit?

After any audit, if a discrepancy is found, the documentation in the log should include a description of the details of any investigation and the nature of any corrective actions taken (e.g., changes to policy, practice or procedures) including reports to police and Health Canada.

Frequently Asked Questions – Investigation and Reporting

10. Does Health Canada have established allowable loss limits to determine what amount of controlled drug loss must be reported?

Health Canada recognizes that small losses may occur when preparing a dose for a patient. Operational losses that are reasonable for production practices of your scale do not need to be reported to Health Canada. It is common practice to allow for losses due to withdrawal of controlled

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drugs in liquid form of up to 0.2 ml. Health Canada recommends that a physical inventory count be performed on a regular basis in order to adjust your logged inventory accordingly.

11. When must a discrepancy be reported and to which agencies?

Health Canada, Office of Controlled Substances, Compliance Division, requires veterinarians to immediately report to local police any shortages of a controlled drug or targeted substance that cannot be reconciled. The Narcotic Control Regulations, Food and Drug Regulations, and the Benzodiazepines and Other Targeted Substances Regulations require that any loss or theft of these drugs must be reported to Health Canada, using the required form, within ten days of the practitioner's discovery of the shortage, loss or theft.

12. Which incidents of loss or theft of controlled drugs should be reported to Health Canada?

Veterinarians are required to report all thefts involving a controlled substance, regardless of the amount. Reporting is also required for losses, regardless of the amount, when:

- There is no reasonable explanation on the basis of normally accepted business activities for the loss at the time of discovery, or;
- It is suspected that the missing controlled substance has been diverted to the illegal market

Losses or thefts of unserviceable stock (such as expired controlled drugs) or post-consumer returns must also be reported.

Please review Health Canada's Guidance on reporting loss or theft of controlled substances and precursors for full details.

13. Are there incidents of loss of controlled drugs that do not require reporting?

Veterinarians should not report any discrepancies in their controlled drug logs that can be reconciled, such as when it can be explained through other records, normal business practices, or a physical inventory count.

If a discrepancy is due to a prescription to the wrong patient or for an incorrect quantity dispensed to a patient, this should be retrieved by the veterinarian and documented in the controlled drug log. If it can

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be retrieved, then it should not be reported as a loss.

Please review Health Canada's Guidance on reporting loss or theft of controlled substances and precursors for full details.

14. Who should report incidents to Health Canada?

The veterinarian is responsible for reporting incidents to Health Canada. If someone other than the veterinarian discovers a loss or theft, they should inform the veterinarian as soon as possible.

Frequently Asked Questions – Disposal of Controlled Drugs

15. Under what circumstances may a veterinarian need to dispose of controlled drugs?

A veterinarian may decide to dispose of a controlled drug when:

- Doses intended for use were not administered or dispensed;
- Unused stock is expired or no longer needed;
- Drugs are returned by clients;
- Stock is damaged.

16. Are veterinarians required to obtain permission to destroy controlled drugs?

No, veterinarians are no longer required to receive pre-authorization from Health Canada, Office of Controlled Substances, for the local destruction of unserviceable controlled drugs and narcotics.

17. What steps must a veterinarian take to destroy controlled drugs?

Before destroying any controlled drug, a veterinarian is expected to:

- Use an appropriate method to denature the controlled drug(s).
- Ensure that the method of destruction is in compliance with all applicable federal, provincial and municipal environmental legislation.
- Have another health professional witness the destruction (i.e., veterinarian, registered veterinary technician, nurse, pharmacist.)
- Record on the inventory list/controlled drug log the date of destruction (the list should identify product destroyed from inventory and product destroyed that was returned by clients…

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separately)

- Have the veterinarian and witness sign and date the list.

18. What methods can a veterinarian use to destroy a controlled drug?

Health Canada provides two guidance documents related to the destruction of controlled drugs:

1. Guidance Document for Pharmacists and Dealers Licensed to Destroy Narcotics, Controlled Drugs or Targeted Substances: Handling and Destruction of Post-Consumer Narcotics, Controlled Drugs or Targeted Substances; and

2. Guidance Document for Pharmacists, Practitioners and Persons in Charge of Hospitals: Handling and Destruction of Unserviceable Stock Containing Narcotics, Controlled Drugs and Targeted Substances.

Licensed veterinarians have a variety of options related to the destruction of controlled drugs. These options may be used as a single solution, or may be combined in a manner suitable to individual practice. Options include:

1. Sending controlled drugs off-site for destruction and disposal purposes. This may be done by:

    a. Using the services of a third-party collection service who is a licensed dealer;

    b. Providing controlled drugs returned by a client to a licensed pharmacy operating under the Ontario Medications Returns Program; or

    c. Returning the controlled drugs to the licensed dealer who sold or provided them as per their return policies.

2. Local Destruction If a licensed veterinarian chooses to destroy controlled drugs by means of local destruction, they must do so in a manner that will alter or denature the drugs to such an extent as to make them non-recoverable and their consumption rendered impossible or improbable. While the College does not evaluate, review, or approve specific methods that may be used, a change in state is recommended. (i.e. from solid to liquid) Veterinarians are encouraged to consult WHMIS sheets to determine methodology. Bleach is not recommended as it may produce an exothermic reaction. Once the controlled drug is denatured, it is the responsibility of the veterinarian to ensure that it is placed in a suitable waste container for disposal in an appropriate manner. (i.e. in a manner compliant with all applicable federal, provincial, and municipal environmental waste legislation).

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Legislative Authority

R.R.O. 1990, Reg. 1093: General, s. 28 (Veterinarians Act)
SRO/2000-217, s. 1(1), 2, 6, 7, 58-62 (Benzodiazepine and Other Targeted Substances, Controlled Drugs and Substances Act, Canada)
C.R.C., c 870, Part G.01.001-002, G.04.001-002, G.05.001 (Food and Drug Regulations, Food and Drugs Act, Canada)
C.R.C., c 1041, s. 54, 63, 65(1-2) (Narcotic Control Regulations, Controlled Drugs and Substances Act, Canada)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
2. *Professional Practice Standard: Medical Records*
3. *Guide to the Professional Practice Standard: Medical Records*
4. Sample Controlled Drug Audit Tracking Sheet
5. Sample Controlled Drug Log with Audit

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

Patch-For-Patch Fentanyl Return Program: Fact Sheet

College of Veterinarians of Ontario

On October 1, 2016, Bill 33 - a new set of rules managing fentanyl patches - came into force. Veterinarians who prescribe and dispense fentanyl by patch are affected.

In an effort to combat the abuse, misuse, and diversion of prescription fentanyl, the new legislation requires clients who receive a prescription for fentanyl to return their used patches to a veterinary facility or pharmacy before receiving new ones.

The College of Veterinarians of Ontario (CVO) strongly supports this legislation, as well as the government's approach to delineate specific roles and responsibilities for veterinarians when prescribing and dispensing fentanyl.

It should be noted that in the vast majority of cases, a veterinarian will prescribe, dispense, and administer a fentanyl patch for an animal at the time of treatment. It is anticipated that the provision of a written prescription for fentanyl will be a rare occurrence.

GUIDANCE REGARDING VETERINARY USE OF FENTANYL PATCHES:

1. If an animal goes home with a patch, veterinarians must only dispense and administer a next fentanyl patch in exchange for a used patch provided by the client or his/her authorized representative.
2. A veterinarian should explain the properties of fentanyl patches with a client, and ask if a client has any concerns that having the patch at home may compromise the health of any of their family members (such as small children or drug seekers).
3. A veterinarian must ensure that clients understand the importance of keeping track of every patch that is dispensed, whether it is used or unused, as failing to do so may result in lost or stolen patches, and failing to return a used patch to the veterinary facility or a pharmacy may result in the withholding of a new patch.
4. A veterinarian should advise a client that he or she should return to the practice if the patch becomes loose at any time or to have the patch removed. He or she should advise a client that if a patch falls off an animal, it should be stored securely, given the potential harm associated with the residual medication in the used patch. A client should be encouraged to return the used patch to the veterinary facility or a pharmacy for disposal.
5. Where a client fails to return a used patch, or where a veterinarian has reason to believe that a used fentanyl patch is counterfeit, has been misused, or has been tampered with, he or she must use his or her professional judgment to dispense a patch based on an assessment of the animal, including an assessment of the animal's circumstances and medical condition.
6. As with all controlled substances, a veterinarian should ensure that their staff are trained to make sure that proper precautions are taken to store the fentanyl patches in a secure location at the veterinary facility prior to dispensing and prior to proper destruction and disposal (inclusive of ensuring that fentanyl patches are rendered unusable prior to disposal) and that an accurate log is kept of their use and disposal, as outlined in the College`s Professional Practice Standard: Management and Disposal of Controlled Drugs and the Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs.
7. Veterinarians should document according to the requirements established under Regulation 1093, the College`s Professional Practice Standard: Medical Records, and the Guide to the Professional Practice Standard: Medical Records.
8. For added security, it is recommended that two staff members be involved in the disposal and documentation of used fentanyl patches.

Patch-For-Patch Fentanyl Return Program: Fact Sheet

GUIDANCE REGARDING THE PROVISION OF WRITTEN PRESCRIPTIONS:

1. In the very rare circumstance when a client requests a written prescription from a veterinarian and it is an animal's first prescription for fentanyl, the veterinarian must note "first prescription" on the prescription itself. A prescription is considered a "first prescription" when the veterinarian has not previously prescribed a fentanyl patch for that animal and the veterinarian is reasonably satisfied that the client has not previously obtained a prescription for fentanyl from another veterinarian for the animal in question.

2. If a client specifically requests a written prescription from a veterinarian, the veterinarian must:

    a. record the name and address of the pharmacy in Ontario where the prescription is to be filled on the prescription; and

    b. notify the pharmacy in advance that a prescription has been written, either by faxing a copy of the prescription or by telephone.

References:

Safeguarding our Communities Act (Patch for Patch Return Policy), 2015, S.O. 2015, c. 33

O. Reg. 305/16 under *Safeguarding our Communities Act (Patch for Patch Return Policy), 2015, S.O. 2015, c. 33*

Professional Practice Standard: Medical Records

Guide to the Professional Practice Standard: Medical Records.

Professional Practice Standard: Medical Records

Guide to the Professional Practice Standard: Medical Records

Who is in Control of Your Controlled Substances?, www.cvo.org/controlled-substances

GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Veterinary Euthanasia

Published: May 2021

Introduction

The College's *Professional Practice Standard: Veterinary Euthanasia* establishes fundamental expectations for a veterinarian performing euthanasia. The decision to euthanize an animal can be emotional and difficult. It can also raise complex issues for a veterinarian when deciding whether to recommend or perform euthanasia. Using a question-and-answer format, this document offers guidance on how to meet the expectations outlined in the Standard.

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Frequently Asked Questions about Veterinary Euthanasia

1. Who can provide consent for euthanasia?

Unless otherwise permitted by legislation, a veterinarian may only perform euthanasia within the confines of a veterinarian-client-patient relationship ("VCPR").

A veterinarian should take reasonable measures to ensure, where possible, that the owner of the animal or their designated authorized representative consents to euthanasia.

Example: Mary's daughter Elizabeth has been bringing in Mary's cat to Dr. Singh's clinic for many years. Mary has designated Elizabeth as an authorized representative and has indicated that Elizabeth has the authority to make all care decisions on her behalf. This information is clearly outlined in the medical record. Elizabeth has brought in Mary's cat for an appointment. During examination, Dr. Singh discovers that Mary's cat has developed symptoms that are resulting in undue pain and suffering. Given this, Dr. Singh believes that euthanasia is the most humane course of action. Dr. Singh discusses this diagnosis with Elizabeth and explains her options. After this discussion, Elizabeth consents to Dr. Singh performing euthanasia.

2. A critically injured animal has been presented for treatment to a veterinarian. The owner of the animal is unknown or cannot be found promptly. What options does a veterinarian have to alleviate the animal's suffering?

Section 61 of the Provincial Animal Welfare Services Act outlines the circumstances in which a veterinarian may euthanize an animal without owner consent. This exemption applies to all types of animals, regardless of ownership or oversight. The sections states that a veterinarian may euthanize an animal without consent when:

(a) the animal is suffering;
(b) the animal's owner or custodian cannot be found promptly, or the veterinarian reasonably believes that the animal does not have an owner or custodian or has been abandoned; and
(c) in the veterinarian's opinion, euthanization is the most humane course of action[1].

Example One: Dr. Abara owns a small veterinary clinic in rural Ontario. One afternoon, an individual

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[1] **Most humane courses of action (Taken from the *Provincial Animal Welfare Services Act*)**
(3) For the purposes of this Act, euthanasia is the most humane course of action for an animal if,
(a) immediate veterinary treatment cannot prolong the animal's life; or
(b) prolonging the animal's life would result in undue suffering for the animal.

brings in a dog that has been hit by a car. The individual is not the owner or authorized representative of the dog. Dr. Abara completes an examination of the animal and determines that it is critically injured and suffering. The dog is not wearing a collar and does not have a microchip. A quick call to the local animal control authority confirms that no individual has presented themselves seeking the dog. Given the level of the dog's injuries and the small likelihood of locating an owner or custodian in a timely manner, Dr. Abara makes the decision to euthanize the dog as it is the most humane course of action.

Example Two: Dr. Nowak owns a large animal mobile in northern Ontario. One morning, Dr. Nowak is called out to a county road where a deer has been hit by a truck. Upon examination of the animal, Dr. Nowak determines that it is critically injured and suffering. Dr. Nowak is aware that wildlife populations do not have a specific owner or authorized representative. Given the level of the deer's injuries, Dr. Nowak believes that euthanasia is the most humane course of action and makes the decision to euthanize the deer.

3. Does a veterinarian have to euthanize an animal when requested by a client?

A veterinarian retains the right to refuse to provide any veterinary service that they believe is not in the best interest of the animal or that they cannot properly perform. In these cases, a veterinarian may need to offer alternative treatments or recommend that the client seek another veterinarian.

As in any other case, a veterinarian is expected to maintain medical records of any discussions held with a client and the reasoning behind any decision made.

4. What should a veterinarian do when a client refuses to consent to euthanasia for an animal that is unduly suffering?

Should a veterinarian be presented with a situation in which a client refuses to provide consent to euthanasia for an animal that is unduly suffering to the point that the veterinarian believes that the animal is subject to abuse, undue physical or psychological hardship, privation or neglect, that veterinarian has a legal obligation under the *Provincial Animal Welfare Services Act* to report the case to a provincial animal welfare inspector. Clients who are refusing to consent to euthanasia should be made aware of this legal obligation, and the veterinarian should strive to be clear and forthcoming.

5. Does a veterinarian still have to report suspected abuse after an animal has been euthanized?

A veterinarian's duty to report under the *Provincial Animal Welfare Services Act* does not conclude

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upon an animal's death. Should a veterinarian be presented with an animal that they believe was subject to abuse, undue physical or psychological hardship, privation, or neglect, that veterinarian has a legal obligation to report the case to a provincial animal welfare inspector even if the animal has already been euthanized.

6. What steps should a veterinarian take when a new/potential client requests an appointment to euthanize an animal?

When a new and/or potential client contacts a veterinarian/veterinary facility requesting euthanasia for their animal, the veterinarian/veterinary clinic may proceed with booking the appointment. As with all new clients, the veterinarian is obligated to establish a VCPR prior to providing veterinary services.

Example: The receptionist at Dr. Frederick's veterinary clinic receives a phone call from an individual, that is not an existing client, requesting an appointment to euthanize their animal. The receptionist explains to the individual that there is an appointment available the next day in which they could meet with Dr. Frederick and discuss the formation of a VCPR. The receptionist further explains that a decision on what veterinary services may be provided is part of a discussion that will be held with the veterinarian. The individual agrees to come in the next day to discuss their animal with Dr. Frederick.

7. Does a veterinarian have to conduct a complete physical examination before euthanizing an animal?

A veterinarian is expected to use professional judgement based on the specific circumstances to determine what assessment of the animal is needed to reach at least a general or preliminary diagnosis and determine whether euthanasia is a recommended course of action. This assessment may include, for example, discussion with the client, physical examination or premise visit, and/or diagnostic testing.

Frequently Asked Questions about Delegation and Veterinary Euthanasia

8. Can a veterinarian delegate obtainment of client consent for euthanasia to an auxiliary?

Given its highly sensitive nature, it is best practice that the informed client consent conversation related to euthanasia occur between a veterinarian and their client. Auxiliaries may aid in this discussion (e.g. aiding the client in completing paperwork), but this assistance should occur after the

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informed consent conversation between the veterinarian and the client has occurred.

9. Can a veterinarian delegate the performance of euthanasia to an auxiliary?

A veterinarian is permitted to delegate the performance of euthanasia to an auxiliary. A veterinarian is expected to use their professional judgement to determine when it is appropriate to delegate this task.

A veterinarian should consider several factors before determining whether it is appropriate to delegate the performance of euthanasia to an auxiliary. These include, but are not limited to, the training, skills, and knowledge of the auxiliary, the level of risk of harm to the animal if euthanasia is performed by the auxiliary, and the ability for the auxiliary to properly identify and react to any adverse effects that may occur. A veterinarian should not delegate euthanasia unless they are confident that the auxiliary is able to be as safe and effective as the veterinarian in the same circumstances.

Clients must be informed when an auxiliary will be providing any aspect of animal care.

10. Under what levels of supervision can a veterinarian delegate the performance of euthanasia?

A veterinarian is permitted to use their professional judgement to determine the level of supervision required (immediate, direct, or indirect). The College acknowledges that currently most delegation of euthanasia occurs under immediate or direct supervision. However, while uncommon, the College recognizes that there may be specific circumstances where it is in the animal's best interest for a veterinarian to delegate euthanasia to an auxiliary under indirect supervision.

Example One: Dr. Gregory operates a mixed animal veterinary practice as a sole practitioner. While Dr. Gregory is out on farm calls, an existing client brings their dog into the hospital for euthanasia. The dog has been receiving palliative care by Dr. Gregory over the past month and there have been recent discussions about the dog's declining health and the need for euthanasia. Joan, a registered veterinary technician who works for Dr. Gregory, triages the dog and notes that it is showing signs of pain and suffering. Joan calls Dr. Gregory and discusses the dog's condition. Based on the information provided by Joan, Dr. Gregory determines that the animal is unduly suffering. Dr. Gregory is concerned that they will not be able to return to the clinic in time to alleviate the dog's suffering before it passes. Dr. Gregory speaks to the client over the phone and explains their diagnosis and concerns. Dr. Gregory obtains informed client consent to proceed with Joan performing the euthanasia under delegation and indirect supervision.

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Example Two: Dr. Abadi operates a large animal veterinary clinic that covers a large area of Northern Ontario. Dr. Abadi attends at a dairy farm to establish a VCPR and assess the animal(s) or group of animals. While attending the farm, Dr. Abadi notices that one of the cows is showing signs of injury. Dr. Abadi examines the animal and provides on-farm treatment.

A few days later, Michael, a registered veterinary technician who works for Dr. Abadi, attends on the farm with one of the clinic's associated mobiles to assist with disbudding some calves. While at the farm, Michael notices that the same cow that Dr. Abadi treated a few days earlier has taken a significant turn for the worse. Michael assesses the cow and note that she is showing signs of pain and suffering. Michael calls Dr. Abadi and discusses the cow's condition. Based on the information provided by Michael, Dr. Abadi determines that the animal is unduly suffering. Dr. Abadi is currently several hours away and is unable to attend at the farm. Dr. Abadi speaks to the client over the phone and explains their diagnosis and concerns. Dr. Abadi obtains informed client consent to proceed with Michael performing the euthanasia under delegation and indirect supervision.

11. Can a veterinarian confirm an animal's death through an auxiliary using indirect supervision?

A veterinarian is permitted to confirm an animal's death based on information provided by an auxiliary through indirect supervision.

Legislative Authority

R.R.O. 1990, Reg. 1093: General, s. 1, 17(1) 21, 17(1) 22, 17(1) 22.1, 18, 19, 27, 28, 33(2)(f) (Veterinarians Act)
Animals for Research Act, R.S.O. 1990, c. A.22
R.R.O. 1990, Reg. 557, Communicable Diseases - General s. 2 (Health Protection and Promotion Act)
O. Reg. 106/09: Disposal of Dead Farm Animals (Nutrient Management Act)
O. Reg. 105/09: Disposal of Deadstock (Food Safety and Quality Act)
Environmental Protection Act, R.S.O. 1990, c. E.19 and regulations
Provincial Animal Welfare Services Act, 2019, S.O. 2019 c. 13
Livestock Community Sales Act, R.S.O. 1990, c. L.22
O. Reg. 31/05: Meat, 2001, S.O. 2001, c. 20, s. 84.1 (Food Safety and Quality Act)
Minimum Standards for Veterinary Facilities, Titles 6 and 12, clause 13.4
Health of Animals Act (S.C. 1990, c. 21)

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Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Veterinary Euthanasia*
2. *Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
3. *Guide to the Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
4. *Professional Practice Standard: Informed Client Consent*
5. *Guide to the Professional Practice Standard: Informed Client Consent*
6. *Professional Practice Standard: Medical Records*
7. *Guide to the Professional Practice Standard: Medical Records*
8. *Professional Practice Standard: Prescribing a Drug*
9. *Guide to the Professional Practice Standard: Prescribing a Drug*
10. *Professional Practice Standard: Dispensing a Drug*
11. *Guide to the Professional Practice Standard: Dispensing a Drug*
12. *Professional Practice Standard: Extra-Label Drug Use*
13. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
14. *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
15. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
16. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
17. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
18. *Professional Practice Standard: Delegation*
19. *Professional Practice Standard: Humane Animal Handling and Restraint*
20. *Position Statement: Reporting Animal Abuse or Neglect*
21. *Legislative Overview: Rabies*
22. *Legislative Overview: Mandatory Reporting*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

LEGISLATIVE OVERVIEW

Rabies

Health Protection and Promotion Act (Ontario)

Health of Animals Act (Canada)

Published: October 2014
Revised: April 2018; July 2018; May 2019; May 2021; July 2022; July 2023

Purpose

The purpose of this legislative overview is to describe the requirements veterinarians are expected to meet under both federal and provincial legislation in regard to the control of rabies and vaccination of animals. Answers to frequently asked questions provide further clarification.

Overview of the *Health of Animals Act* (Canada) and Regulation

The *Health of Animals Act* is intended to control the spread of disease between and among animals as well as transmission from animals to persons. Sections 130 – 135 of the Health of Animals Regulation address a variety of issues related to veterinary biologics and include a specific reference in section 134 regarding the sale of rabies vaccines. Section 134.2 of the Regulation prohibits the sale of rabies vaccines to non-veterinarians.

Overview of *Health Protection and Promotion Act* (Ontario) and Regulations

The *Health Protection and Promotion Act* (*HPPA*) is intended to provide for the organization and delivery of public health programs and services that are administered by the Ministry of Health and Long-Term Care (MOHLTC). Under the *HPPA*, public health units have a very broad mandate including sanitation, family counselling, health promotion and protection, and injury and disease prevention and control. Although the number of rabies incidents reported each year in Ontario is small, the disease is endemic in some animal populations and, consequently, the prevention and control of rabies in humans is one of the objectives established by the MOHLTC under the *HPPA*.

Relevance to Veterinary Practice

The *HPPA* contains two regulations that apply to veterinary medicine. Regulation 567 Rabies Immunization provides direction to veterinarians who carry out rabies immunizations. Regulation 557 Communicable Diseases – General sets out expectations for veterinarians regarding reporting animal bites and the management of animals suspected of having rabies. These regulations complement the requirements set out under Regulation 1093 of the *Veterinarians Act*. For the purposes of understanding the requirements under these regulations, within a Public Health Unit, a board of health appoints a Medical Officer of Health, to whom public health inspectors report to.

Under Regulation 567, the following expectations are described:

- Immunizations must be carried out by a veterinarian in Canada or the United States who is authorized to practice in the jurisdiction where the vaccine is administered, or by a lawfully authorized delegate of such a veterinarian;
- Immunizations must be carried out with a rabies vaccine licensed for use in Canada and following the manufacturer's instructions;
- Immunizations must be carried out in or from an accredited facility;
- The veterinarian must issue a Certificate of Immunization to the owner/custodian of the animal that has been immunized or re-immunized against rabies;
- A certificate of immunization shall be signed only by the veterinarian who performed the immunization and shall contain:

    - the name and address of the owner or person having care or custody of the animal;
    - the species, breed, colour, sex, age and name of the animal;
    - markings, if any, on the animal;
    - any microchip number, tattoo number, or, where applicable, other permanent means of identifying the animal;
    - the approximate size of the animal;
    - the address of the clinic or other location where the animal was immunized;
    - the full name and contact information of the veterinarian who performed the immunization of the animal;
    - the name and serial number of the vaccine;
    - the reimmunization interval specified in the product monograph of the vaccine;
    - the date of the immunization;
    - a statement of whether the immunization is a primary immunization or a booster immunization;
    - the date by which the animal is to be reimmunized; and

- the identification number on the rabies tag that is issued with respect to a cat, dog or ferret.

- A veterinarian must retain a copy of each Certificate of Immunization that they issue for a period of three years;
- If the veterinarian is of the opinion that the animal is in or has a medical condition that precludes its safe immunization or re-immunization against rabies, the veterinarian will issue a Statement of Exemption;
- The statement of exemption must contain the following information:

    - the name and address of the owner or person having care or custody of the animal;
    - the species, breed, sex, colour, age and name of the animal;
    - markings, if any, on the animal;
    - any microchip number, tattoo number, or, where applicable, other permanent means of identifying the animal;
    - the approximate size of the animal;
    - the date of each previous rabies immunization and any relevant adverse effects related to the immunization documented in the medical record of the animal;
    - the medical condition precluding the safe immunization or reimmunization of the animal, as the case may be;
    - the duration of the exemption from the requirement to immunize the animal;
    - the full name and contact information of the veterinarian who issued the statement of exemption; and
    - the date of the statement of exemption.

- A veterinarian must retain a copy of each Statement of Exemption that they issue for a period of three years.

Under Regulation 557, the following expectations are described:

- A veterinarian must report to the local Medical Officer of Health, immediately, any knowledge of a bite from a mammal or any contact with a mammal that may result in rabies in persons, including the name and contact information of the exposed person;
- A veterinarian must comply with a request from a Medical Officer of Health or public health inspector to examine a dog or cat or ferret for evidence of rabies and to confine, and/or isolate the animal for at least 10 days, if necessary, to determine if it is remains free of symptoms of

rabies. The Medical Officer of Health or public health inspector may also request that a veterinarian confine and isolate an animal at a pound or veterinary hospital for at least 10 days;

- A veterinarian must comply with a request from a Medical Officer of Health or public health inspector to examine a horse, cow, bull, steer, calf, sheep, pig, or goat for evidence of rabies and to confine, and/or isolate the animal for at least 14 days at the location that the animal is normally housed, if necessary, to determine if it remains free of symptoms of rabies. The Medical Officer of Health or public health inspector may also require that the animal in question be confined and isolated at a veterinary hospital if they are of the opinion that the person caring for the animal is unlikely to confine and isolate it;
- A Medical Officer of Health or public health inspector may be required to test animals that have died or were euthanized during a 10-day post-exposure confinement period as a means of preventing victims of animal bites to have to undergo post-exposure rabies vaccines. Under Regulation 557, this test may be done with or without the animal owner's consent;
- A Medical Officer of Health or public health inspector may require the destruction of any animal at any time for the purpose of having a laboratory examination to determine if the animal is in the infective stage of rabies. In the case of a dog, cat or ferret, this only applies where the dog, cat or ferret is unclaimed or where permission is given by the owner for the destruction of the dog, cat or ferret.

Frequently Asked Questions

The following questions and answers are intended to provide veterinarians with additional information regarding rabies immunization.

Biting Incidents and Reporting

1. ***Are veterinarians required to report all bites and contact incidents by an animal?***

   Regulation 557 requires a veterinarian to report to the local Medical Officer of Health, as soon as possible, knowledge of any bite or other animal contact that may result in rabies in a person. A veterinarian uses their professional judgement and knowledge of how rabies is transmitted to assess if there is a need to report. A veterinarian is not required to assess the likelihood of rabies disease in the biting animal. For example, transmission can occur with a bite or scratch that results in an open wound or in other situations where there is contact between an animal's saliva, cerebral spinal fluid or brain tissue through either an open wound or mucous membranes. All of these situations in which rabies virus transmission to persons could occur must be reported. Animal blood or urine does not serve as a vehicle for the transmission of rabies virus.

An animal's rabies vaccination status, clinical history, behaviour, and current health status does not preclude the legal requirement for a veterinarian to report a bite or other contact that may result in rabies. As a result, even provoked bites by fully vaccinated animals must be reported under Regulation 557.

Under section 5.2 of the Health of Animals Act, veterinarians are also expected to report animal to animal bites if, in the professional judgement of the veterinarian, one of the animals could potentially have rabies (e.g., demonstrates neurological signs consistent with rabies disease or is a member of a rabies reservoir species) and there is risk of rabies transmission (e.g., fight, significant contact with saliva, mutual grooming). If two animals fight and there is no reason to suspect one of them has rabies, then it does not need to be reported. Animal to animal bites or contact incidents are reported to the Ministry of Agriculture, Food and Rural Affairs when there is reason to suspect rabies. Veterinarians may submit this information to the Ministry through the online rabies response request form, found here.

2. ***What should a veterinarian do when an owner/custodian, who requests a rabies vaccine for an animal, indicates that they reported a recent bite or contact incident by that animal to public health?***

   If a bite or contact incident has been reported, the Public Health Unit may have ordered the animal to be confined by the owner/custodian. If an animal is under a confinement order, the owner/custodian is violating the order by presenting the animal for rabies vaccination. If a contact incident has been reported to the Public Health Unit, a veterinarian, prior to carrying out the rabies vaccination, should contact the Public Health Unit to confirm whether or not a confinement order has been placed on the animal to be vaccinated. If a confinement order has been issued, the animal should not be vaccinated until the Public Health Unit releases the animal from confinement.

3. ***Is a veterinarian required to report a bite or contact incident when an owner/custodian indicates no report was made to the Public Health Unit?***

   If a veterinarian determines that a recent bite or contact incident by the animal has not yet been reported by the owner of the animal, the veterinarian must report their knowledge of the bite or contact to the Public Health Unit, as required by Regulation 557.

4. ***Are veterinarians required to report incidents when an animal bites a veterinarian or auxiliary staff at a veterinary clinic?***

   A veterinarian must follow the same reporting requirements for bites or other contact incidents with animals that could result in the transmission of the rabies virus to a person inclusive of when these incidents occur in a veterinary facility.

5. ***When reporting a bite or contact incident to the Public Health Unit, does the veterinarian have to obtain client consent to release medical record information?***

   Client consent is not required to release medical record information when doing so is required or authorized by law. This includes release to a Public Health Unit for investigation of a real or potential rabies exposure.

   If a veterinarian is contacted by the Public Health Unit about an animal they have treated that is being investigated for a real or potential rabies exposure, the veterinarian does not require client consent to release medical record information about the animal.

6. ***When should veterinarians ask questions about biting incidents?***

   Asking questions about biting or other contact incidents that occurred within the 10 days preceding a planned rabies vaccination is part of the screening process that is undertaken prior to the administration of a rabies vaccine. This information should be sought whether the planned vaccination is part of a Rabies Program or a regular clinic visit.

   Veterinarians should also ask questions about biting or other contact incidents that occurred within the 10 days preceding euthanasia of an animal.

7. ***What should a veterinarian do when an owner/custodian, who requests euthanasia for an animal, indicates that the animal has been involved in a bite or contact incident?***

   A veterinarian must contact their local Public Health Unit as soon as possible to report the bite or contact incident and obtain further instructions. Where an animal is not experiencing pain and suffering, or a veterinarian can alleviate pain and suffering to keep the animal comfortable, the euthanasia procedure should be postponed until instructions are received from the Public Health Unit.

8. ***What should a veterinarian do if they cannot reach someone at the Public Health Unit to report a bite or contact incident involving an animal that is suffering and euthanasia is the most humane course of action?***

   If a veterinarian determines that euthanasia is the most humane course of action for an animal who has been involved in a bite or contact incident, they may proceed to euthanize the animal. The veterinarian should retain the animal's body and notify the Public Health Unit as soon as possible as rabies testing may be required.

Administration of Vaccines

9. ***Can a veterinarian delegate rabies immunization to an auxiliary?***

   Ontario *Regulation 567* recognizes that a veterinarian may delegate rabies immunizations to auxiliaries working in or from an accredited facility who are competent to perform the immunization. However, only a veterinarian is permitted to sign a rabies certificate.

10. ***How should a veterinarian proceed when presented with an animal from outside of Ontario?***

    When presented with an animal from outside of Ontario, a veterinarian should confirm:

(a) If a licensed rabies vaccine from Canada or the United States was administered,
(b) That the certificate of immunization meets the requirements listed in Ontario *Regulation 567*, and
(c) The reimmunization interval.

Animals vaccinated outside of Canada and the United States require reimmunization for rabies once they arrive in Ontario regardless of certificate or expiry date to be compliant with Ontario Regulation 567. Valid for dogs, cats, ferrets, horses, cattle, and sheep only.

11. ***Can a domestic animal that has bitten a person in the last 14 days be vaccinated?***

    Do not vaccinate cats or dogs or ferrets that have bitten a person in the last 10 days (14 days for animals other than cats or dogs or ferrets), regardless of the potential that the animal may have been exposed to rabies. Any domestic mammal that has bitten a person must undergo a 10-14 day observation period imposed by Public Health to rule out human exposure to rabies virus. After the 10-14 days, the animal can and should be vaccinated as indicated.

12. Can an animal owner or breeder purchase the rabies vaccine and administer it to their animal?

Animal owners and breeders cannot purchase rabies vaccines. Section 134.2(1) of the *Health of Animals Regulations*, CRC 296 expressly prohibits the sale of rabies vaccines to anyone other than a veterinarian. The federal Minister of Agriculture may permit exceptions for remote areas without access to veterinary services or for a temporary emergency veterinary clinic. Normally, permission is granted to remote municipalities and remote First Nations communities rather than individuals or run by provincial wildlife officials.

13. Can a rabies titre replace a rabies vaccination?

No. Rabies titres cannot serve as proof of an animal's current vaccination status, and do not meet the legal requirement for vaccination of animals. There are no laboratory tests (i.e. rabies titres) that can be used to establish exemption from the requirement for an up-to-date rabies vaccination status. Exemptions can only be issued on the basis of an animal's physical condition which would preclude safe (re-)immunization.

14. A client has declined to have their pet vaccinated against rabies. Is the veterinarian required to report non-compliance?

Veterinarians do not have a duty to report a client's non-compliance with having their animal(s) vaccinated against rabies. It is also not a veterinarian's responsibility to enforce public health regulations. A veterinarian should advise animal owners what the legal requirements for rabies vaccination are within the province of Ontario. Veterinarians can set policies for their own veterinary practices regarding rabies vaccination status of an animal(s) prior to providing veterinary services as a safety measure for their staff. If such a policy is in effect, clients should be made aware of it.

Records

15. Under what circumstances can a veterinarian issue a Statement of Exemption?

Regulation 567 of the *Health Protection and Promotion Act* enables a veterinarian to issue a Statement of Exemption to the requirement for rabies vaccination under specific conditions. If, based on the history or assessment, a veterinarian determines that the physical condition or history of significant previous adverse vaccine reaction of an animal is such that it cannot be safely (re)immunized, the veterinarian will provide a Statement of Exemption to the

owner/custodian of the animal. A copy should be kept in the animal's medical record for a period of three years from the date of issue.

16. Can the Certificate of Immunization suffice for the record required under Regulation 1093?

The Certificate of Immunization may serve as the record if all of the information required under both Regulation 567 and Regulation 1093 is included.

17. What is the procedure for replacing a lost Certificate of Immunization?

Regulation 567 requires a veterinarian to retain a copy of the original signed Certificate of Immunization. A veterinarian should retain a paper copy or scanned electronic version of the original in order to provide a true copy of the certificate when asked to provide a replacement certificate. New certificates should not be issued.

Other Issues

18. What animals must be vaccinated in Ontario?

Under Regulation 567, all dogs, cats, and ferrets three months of age or older must be vaccinated. Every horse, cow, bull, steer, calf, sheep, or other livestock for which a rabies vaccine licensed for use in Canada is available must also be immunized against rabies, unless the animal is accessible only to the person(s) who is responsible for its care and control. The owner/custodian of an animal required to be vaccinated against rabies as listed in the regulation must have either a current Certificate of Vaccination or a current Statement of Exemption issued by a veterinarian for that animal.

19. Does the Medical Officer of Health have the authority to require a veterinary hospital to confine an animal suspected of rabies?

Yes. Under *Regulation 557* the Medical Officer of Health or a public health inspector has the authority to require a veterinary hospital to confine a cat or dog or ferret for at least 10 days and a horse, cow, bull, steer, calf, sheep, pig, or goat for at least 14 days if the Medical Officer of Health or public health inspector is of the opinion that the animal may be rabid and in their opinion the person caring for the animal is unlikely to confine and isolate the animal.

20. How is a veterinarian or veterinary facility compensated when the Medical Officer of Health orders an animal to be examined, confined or isolated or destroyed?

Regulation 557 directs the municipality in which the owner/custodian of the animal resides to compensate a veterinarian for the costs of veterinary services ordered by a Medical Officer of Health or a public health inspector.

Legislative Authority

Health Protection and Promotion Act, R.S.O. 1990, c H.7, s 96(4)(f)
R.R.O. 1990, Reg 557, s 2, s 3(1-5) (*Health Protection and Promotion Act*)
R.R.O. 1990, Reg 567, s 4-8 (*Health Protection and Promotion Act*)
C.R.C., c 296, SRO/91-525, Health of Animals Regulations, s 134.2(1) [*Health of Animals Act*, (Canada)]

Resources

The following can be found at the College's website at cvo.org:

1. *Sample Certificate of Rabies Vaccination*
2. *Sample Statement of Exemption from Rabies Vaccination*

For Additional Information

For Matters Related to Human Exposure to a Potentially Rabid Animal:

Contact your local public health unit, or:

Heather McClinchey, MSc, DVM, MPH
Veterinary Consultant
Ministry of Health, Office of Chief Medical Officer of Health, Public Health, Health Protection & Surveillance Policy and Programs Branch
Email: Heather.McClinchey@ontario.ca

For Matters Related to Domestic Animal Exposure to a Potentially Rabid Animal, with NO Human Exposure:

Dr. Maureen Anderson
Lead Veterinarian
Animal Health and Welfare, Ontario Ministry of Agriculture and Food
Telephone: (519) 826-3571
Email: maureen.e.c.anderson@ontario.ca

For Assistance with or to Report a Case of Potential Rabies Exposure in a Domestic Animal:

Submit a request for assistance online at Rabies Response Request Form.

If you require assistance with completing the online form due to limited internet access or due to any other accessibility issue, please contact the OMAFRA Agricultural Information Contact Centre at 1-877-424-1300 (option 1) during business hours (weekdays 8:30 AM - 4:30 PM).

Animal Health Lab, University of Guelph

Telephone: (519) 824-4120 ext. 54530
Website: https://www.uoguelph.ca/ahl

Local Public Health Units

https://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx

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PROFESSIONAL PRACTICE STANDARD

Rabies Programs

Published: October 2014
Revised: November 2018

Introduction

The vaccination of animals against rabies is an important public health measure. In Ontario, the majority of domestic biting incidents reported to public health officials involve animals whose vaccines are not up-to-date. In conjunction with the Ministry of Health and Long-Term Care (MOHLTC) and local public health units, veterinarians play a key role in the combined effort to increase rabies vaccination rates and reduce the risk of human exposure to the rabies virus. Rabies Programs are one opportunity for veterinarians to contribute to provincial efforts to control rabies in Ontario.

Definition

Rabies Programs: Rabies programs are services provided outside of the regular veterinarian-client-patient Relationship (VCPR) that facilitate the administration of rabies vaccines to as many animals as possible. Rabies Programs can be offered at accredited veterinary facilities and, under specific conditions, at unaccredited facilities.

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Rabies Programs* when a veterinarian:

1. Submits an application to the College of Veterinarians of Ontario in the format provided.

2. Veterinarians offering services at a rabies program must hold a certificate of accreditation for a temporary facility.

3. Cooperates with local public health officials to deliver the Rabies Program.

4. Invites local veterinarians to participate in a Rabies Program to be held at an unaccredited facility. This requirement is not applicable to Rabies Programs offered at an accredited facility.

5. Ensures the appropriate storage of vaccines to maintain safety and efficacy.

6. Ensures that the resources to respond to adverse vaccine reactions are available.

7. Establishes infection control protocols to ensure the safe administration of vaccines.

8. Ensures that at a Rabies Program held in an unaccredited facility, vaccinations are performed by a veterinarian. In an accredited facility, the administration of vaccines may be delegated to a suitably qualified auxiliary.

9. Asks basic questions about the general health of the animal in order to determine whether or not the animal should be vaccinated.

10. Creates a record for each animal that includes: information that identifies the animal; the name and contact information of the custodian; date of vaccination; and name and type of vaccine (e.g., lot and serial number).

11. Retains records from the Rabies Program in an accessible, systematic manner for a period of 3 years.

Continues on next page.

12. Issues a signed Certificate of Rabies Vaccination[1] to the custodian, and retains a copy (paper or scanned) of the signed original Certificate, for each animal that is vaccinated, in accordance with the requirements of Regulation 567 of the *Health Protection and Promotion Act*.

13. Issues a signed Statement of Exemption from Rabies Vaccination to the custodian, and retains a copy (paper or scanned) of the signed original Statement, for each animal that is determined to have a medical condition which precludes safe vaccination at the time of the Rabies Program, in accordance with the requirements of Regulation 567 of the *Health Protection and Promotion Act*.

14. Submits data on the utilization of the Rabies Program for use by the Ministry of Health and Long-Term Care to the College of Veterinarians of Ontario in a timely manner.

Legislative Authority

R.R.O. 1990, Reg. 1093: General, s. 12(3), 14(4.1), 17(1)(40), 17(1)(41), 17(5), 18(3)(c), 20, 22(4), 22(5), 22(6) (*Veterinarians Act*)
R.R.O. 1990, Reg. 567, s. 4-8 (*Health Protection and Promotion Act*)

Resources

The following can be found at the College's website at cvo.org:

1. *Legislative Overview: Rabies*
2. *Professional Practice Standard: Informed Client Consent*
3. *Guide to the Professional Practice Standard: Informed Client Consent*
4. *CVO Rabies Program Online Application Form*
5. *Rabies Program Data Report for MOHLTC*
6. *Sample Certificate of Rabies Vaccination*
7. *Sample Statement of Exemption from Rabies Vaccination*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

[1] In the case of a cat or dog, a rabies identification tag shall also be provided.

PROFESSIONAL PRACTICE STANDARD

Veterinary Dentistry

Published: March 2015
Revised: November 2022, July 2023

Introduction

Performing dentistry on animals falls within the scope of practice of veterinary medicine. The knowledge acquired during the course of veterinary training qualifies veterinarians to provide both preventive oral care and dental treatment to an animal. Dental care in veterinary medicine involves the assessment, diagnosis and treatment of diseases and disorders of the teeth and associated structures. Competent and safe performance of dentistry requires extensive knowledge of anatomy, anesthesiology, pharmacology, physiology, pathology, radiology, neurology, medicine, and surgery. In particular, when practising veterinary dentistry on companion animals, the performance of intraoral radiography is an integral component of a complete assessment.

Definition

Veterinary Dentistry: Veterinary Dentistry is a discipline within the scope of veterinary practice that involves the professional consultation, evaluation, diagnosis, prevention, treatment (nonsurgical, surgical, or related procedures) of conditions, diseases, and disorders of the oral cavity and maxillofacial area and their adjacent associated structures[1].

[1] Canadian Veterinary Medical Association Position Statement – Veterinary Dentistry. Published October 21, 2022

Practice Expectations

A veterinarian who provides dental services to any animal meets the *Professional Practice Standard: Veterinary Dentistry* when they:

1. Diagnose and determine a treatment plan through direct assessment of the animal. Include or recommend radiography in the assessment as indicated.

2. Administer species and procedure appropriate sedation and/or general anesthesia in combination with appropriate analgesics.

3. Delegate a dental procedure under the following circumstances:

(i) the veterinarian is confident that the auxiliary staff has the education and experience to perform the procedure;

(ii) the veterinarian is available on site to provide direct supervision to the competent auxiliary; and

(iii) the veterinarian confirms that the delegated procedure was correctly performed by re-examining the entire oral cavity on completion of the procedure.

4. Do not delegate the examination of the teeth and/or oral cavity needed to make an assessment, develop a diagnosis and/or formulate a treatment plan.

5. Do not delegate extraction procedures.

6. Use appropriate dental charting.

Other Considerations

“Dentist” and “dental surgeon”, as defined in the *Dentistry Act*, are protected titles. Veterinarians should not use these or any similar titles in reference to themselves (e.g., veterinary dentist, equine de dentist).

Legislative Authority

Veterinarians Act, R.S.O. 1990, s. 1(1), 11(1), 11(5)
R.R.O. 1990, Reg. 1093: General s. 18, 19, 21 (*Veterinarians Act*)
Dentistry Act, S.O. 1991, c 24, s. 9

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Informed Client Consent*
2. *Guide to the Professional Practice Standard: Informed Client Consent*
3. *Professional Practice Standard: Medical Records*
4. *Guide to the Professional Practice Standard: Medical Records*
5. *Professional Practice Standard: Delegation*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

PROFESSIONAL PRACTICE STANDARD

Diagnostic Laboratory Testing

Published: July 2014

Introduction

Diagnostic laboratory tests can be a critical component of the diagnostic and/or treatment process in veterinary medicine. Veterinarians provide diagnostic laboratory testing with in-house diagnostic laboratory equipment or by sending tests to an external laboratory.

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Diagnostic Laboratory Testing* when they:

1. Establish a veterinarian-client-patient relationship (VCPR) before ordering or conducting tests.

2. Require the test results as part of a preventative health maintenance program or to formulate a diagnosis and/or treatment plan.

3. Interpret the results and ensure the results are communicated to clients.

4. Implement and regularly documents a quality control process for each piece of in-house laboratory equipment.

5. Establish, for all testing done by external laboratories, relationships with diagnostic laboratories that are accredited by a recognized organization that inspects and accredits diagnostic laboratories.

Legislative Authority

R.R.O. 1990, Reg. 1093: General s. 17(1)7.1; 22(1)7, 22(2)7, 22(4)6 (*Veterinarians Act*)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
2. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
3. *Professional Practice Standard: Medical Records*
4. *Guide to the Professional Practice Standard: Medical Records*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

POLICY STATEMENT

Use of Forms of Energy in the Treatment and/or Care of Animals

Published: January 2021

Introduction

It is the position of Council that the use of a form of energy in the practice of veterinary medicine poses a risk of harm to an animal(s) and/or providers, dependent on its application. Given this position, Council has approved a public statement that outlines the levels of regulatory oversight required to utilize forms of energy in the treatment and/or care of animals. This specific policy statement has been developed to expand on Council's position and to outline how it is to be implemented by veterinarians in their practice.

Definition

Forms of Energy: There is no specific definition of forms of energy that can be found across the professions who utilize them. Forms of energy generally refer to the use of a tool and/or equipment to create either ionizing or non-ionizing radiation designed to produce a specific outcome to aid or enhance the treatment and/or care of a patient. The particulars of the desired outcome vary based on the form and method used.

Classification Based on Risk

Whether the use of a form of energy by a veterinarian in the treatment and/or care of an animal requires regulatory oversight determined by a current risk analysis that considers both real and potential harm.

This risk analysis is based on current research and is designed to evaluate each form of energy in an unbiased and consistent fashion. In particular, the risk analysis seeks to determine if:

- the use of the form of energy constitutes the practice of veterinary medicine;
- the use of the form of energy requires sedation;
- the use of the form of energy inflicts pain or discomfort;
- the use of the form of energy puts the patient and/or provider at risk of undue exposure or harm;
- the use of the form of energy requires a specific set of knowledge or training in order to be properly administered;
- the use of the form of energy has been researched and validated; and
- the use of the form of energy has a high risk of adverse effect if improperly administered.

Note on Efficacy

This risk analysis does not consider the real or perceived efficacy of forms of energy. This is due in large part to the lack of research related to the overall efficacy of many forms. It is recommended that the real or perceived efficacy of a form of energy be included as part of the informed client consent conversation that occurs between the veterinarian and their client.

Levels of Classification

Based on the aforementioned risk analysis, three categories have been developed that oversee the use of forms of energy by a veterinarian in the treatment and/or care of animals. These classifications have been created in accordance with the *Veterinarians Act* and its associated regulation, and are designed to provide clarity related to their oversight.

Category One – High Risk

The first category of regulatory oversight has been designed to oversee forms of energy that have been determined to have high levels of real or potential harm associated with their applied use in animals. In particular, these forms of energy have characteristics and/or uses that associate them with:

- surgery;
- diagnostics;
- the requirement for sedation
- below the dermis procedures;
- high levels of potential harm and/or injury from application;
- requirements for advanced knowledge or training in order to be properly administered;
- high level of risk of harm if improperly administered; and
- varying degrees of clinical research.

Given these characteristics, forms of energy that fall under this category are to be used only by a veterinarian, or an auxiliary working under a veterinarian's delegation with immediate or direct supervision.

At this time the following forms of energy fall under this category:

- any forms of energy that employ or produce ionizing radiation;
- magnetic resonance imaging;
- any forms of energy used in surgery (laser surgery; lithotripsy; cryosurgery; radiosurgery; etc.); and
- diagnostic ultrasound unless otherwise stated (i.e., transvaginal, transrectal, transabdominal, etc.)

Category Two – Moderate Risk

The second category of regulatory oversight has been designed to oversee forms of energy that have been determined to have moderate levels of real or potential harm associated with their applied use in animals. In particular, these forms of energy have characteristics and/or uses that associate them with:

- specific forms of diagnostics;
- varying requirements for sedation;
- above the dermis procedures;
- moderate risk of potential harm and/or injury from application;
- varying requirements for advanced knowledge or training in order to be properly administered;
- medium-to-high level of risk of harm if improperly administered; and
- varying degrees of clinical research.

Due to the specific characteristics associated with these forms of energy, this category of classification has been divided into two subcategories.

Forms of energy that fall under Part A of Category Two are to be used only by a veterinarian, or an auxiliary working under a veterinarian's delegation with a level of supervision determined appropriate by the veterinarian.

Forms of energy that fall under Part B of Category Two are to be used only by a veterinarian, an auxiliary working under a veterinarian's delegation with a level of supervision determined appropriate by the veterinarian, or by a non-veterinarian on referral from a veterinarian.

The following forms of energy fall under Part A of this category:

- transabdominal diagnostic ultrasound when performed for the purpose of pregnancy diagnosis in food-producing animals; and
- focused shockwave.

The following forms of energy fall under Part B of this category:

- Class 4 lasers when used for therapeutic purposes; and
- radial shockwave.

Category Three – Lower Risk

The third category of regulatory oversight has been designed to oversee forms of energy that have been determined to have lower levels of real or potential harm associated with their applied use in animals. In particular, these forms of energy have characteristics and/or uses that associate them with:

- above the dermis procedures;
- lower levels of risk of potential harm and/or injury from application;
- limited requirements for advanced knowledge or training in order to be properly administered;
- lower levels of risk of harm if improperly administered; and
- varying degrees of clinical research.

Given these characteristics, forms of energy that fall under this category may be used by a veterinarian or a non-veterinarian, as long as the non-veterinarian does not represent themselves as practising veterinary medicine.

At this time, the following forms of energy fall under this category:

- pulsed electromagnetic field therapy;
- therapeutic ultrasound;
- Class 3B lasers and below when used for therapeutic purposes; and
- electrical muscle stimulation.

In all circumstances, Council maintains that animal care and welfare is best achieved when these forms of energy are provided by a veterinarian, an auxiliary working under a veterinarian's delegation, or another qualified professional who has advanced education and training in use of forms of energy on animals.[1]

Council encourages inter-professional collaboration between veterinarians and other animal care providers to assist in the delivery of safe and informed treatment and/or care.

Legislative Authority

Veterinarians Act R.S.O. 1990, c. V.3 s. 3
Ontario Regulation 1093 R.S.O. 1990 s. 19 made under the *Veterinarians Act*.

Resources

The following can be found at the College's website at cvo.org:

1. *Position Statement: Use of Forms of Energy in the Treatment and/or Care of Animals*
2. *Professional Practice Standard: Delegation*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

[1] ** Intended for links to verified sources for a listing of qualified professionals**

LEGISLATIVE OVERVIEW

Radiation Safety

Ontario Regulation 861, *Occupational Health and Safety Act*

Published: October 2014
Revised: March 2023

Purpose

The purpose of this Legislative Overview is to provide veterinarians who own and operate x-ray equipment with information about the expectations and requirements contained in Regulation 861 under the *Occupational Health and Safety Act*.

Overview of Ontario Regulation 861 - X-Ray Safety

The *Occupational Health and Safety Act (OHSA)* provides the framework to ensure that workplaces in Ontario are safe and healthy. It sets out the rights and duties of both employers and employees and through regulations establishes specific requirements for managing workplace hazards.

The *OHSA* and its accompanying regulations are administered by the Ministry of Labour (MOL). There are 25 regulations under *OHSA* that address risks related to specific professions, work settings and workplace hazards including Regulation 861 X-ray Safety.

With limited exceptions for facilities under the *Healing Arts and Radiation Protection Act* (Ontario) and the *Atomic Energy Control Act* (Canada), Regulation 861 applies to every owner, employer, supervisor and worker at a workplace where an x-ray machine is present or used in Ontario. The objective of Regulation 861 is to minimize the risk of exposure for anyone involved in taking and processing radiographs and for anyone who may be exposed to radiation (i.e., veterinarians, staff, clients, the public and animals).

Relevance for Veterinary Practice

In addition to setting general standards for the installation and operation of x-ray machines, Regulation 861 describes specific requirements for veterinary practice. These regulations complement requirements set out by the College in the *Accreditation Standards for Veterinary Facilities in Ontario*.

Under the *OHSA*, inspectors from the MOL have broad powers to inspect, investigate, order compliance and initiate prosecutions. From time to time, based on risk assessments, the Ministry conducts blitz inspections and in the past, veterinary dental x-ray facilities have been the subject of these inspections.

Under Regulation 861, the following expectations are described for employers:

- Register with the MOL all x-ray equipment used in the workplace using the approved form.
- For equipment that will be installed in a permanent location including x-ray equipment designed for portable or mobile use that will be used regularly in one location:
    - Apply for and receive approval from a MOL inspector before installing or operating x-ray equipment using the approved form with the required plan location drawings.
    - Install the x-ray equipment in accordance with the accepted application.
    - Notify and receive approval from a Ministry of Labour inspector for any changes to the equipment made after the installation that may result in increased exposure of a worker to x-rays (e.g., a change in the installation or use of the x-ray equipment; use of rooms or areas adjacent to the x-ray equipment or shielding of the x-ray equipment).
- For x-ray equipment designed for portable or mobile use and that is so used:
    - Provide written notice to the MOL including the required information about the facility and equipment.
- Designate a person who has the knowledge, training or experience, to train and direct staff on the safe use of x-ray equipment and provide the name of that person to the MOL.

- Inform employees, at the time of hiring, who may be exposed to x-rays that they may be exposed to radiation, the limits imposed in regulation on dose equivalents that may be received and for female workers, the dose equivalent limits for pregnant workers.

- Retain a record of all employees who may be exposed to x-rays.

- Ensure that exposure to radiation is as low as reasonably achievable and does not exceed the annual dose equivalent limits as prescribed in the regulation.

- Ensure that all reasonable precautions are taken for pregnant workers so that the mean dose equivalent received by the abdomen does not exceed limits set in regulation.

- Post or install x-ray warning signs and devices throughout the facility and on equipment as required by the regulation.

- Provide appropriate controls (e.g., barriers, locks, interlocks) to limit access to x-ray areas.

- Ensure that dose equivalent limits are not exceeded by installing structural or other shielding and providing diaphragms, cones, adjustable collimators or other devices.

- Provide each worker who may be exposed to radiation with a personal dosimeter, ensure it is read accurately to measure the dose equivalent received by the worker and provide the worker with the reading.

- Record all dosimeter readings.

- Retain the dosimeter records for at least 3 years.

- Notify an inspector at the MOL, in writing and within a reasonable time frame, when the reading of a personal dosimeter indicates that the dose equivalent does not appear reasonable and appropriate.

Under Regulation 861 the following expectations are described for employees:

- Use personal dosimeters as instructed.

Under Regulation 861, the following expectations are described for every x-ray machine used to examine animals:

- Perform, where practicable, x-ray examinations in a designated room.
- Ensure air kerma due to leakage radiation does not exceed limits as defined in the regulation.
- Limit exposure duration by a using a pre-set timing mechanism initiated by a switch.
- Restrict dimensions of the useful beam to not more than those of the film.
- Do not hold film cassettes by hand during an exposure.
- Restrain or support, by mechanical means, any animal that is being x-rayed.
- Ensure that all staff wears appropriate protective aprons and gloves when restraining or supporting animals during exposure.
- Maintain a record of all radiographic exposures including the date, kilovoltage, tube current and duration of exposure.
- Retain records of exposures for at least one year.

Frequently Asked Questions

The following questions and answers are intended to provide veterinarians with additional information regarding use of X-ray equipment by veterinarians:

Where can I access the MOL forms for registering to operate x-ray equipment and application for review of permanent x-ray location?

Forms are available from the Ministry of Labour, Training and Skills Development – Occupational Health and Safety Branch.

I am planning to replace my current x-ray equipment. Do I need approval from the MOL to install and operate the new equipment?

Any change to permanently installed X-ray equipment must be reviewed and approved by a MOL inspector.

Are hand-held dental x-ray units permitted in veterinary facilities?

No. Hand-held x-ray equipment does not meet the requirements of the Radiation Emitting Devices Regulation and is not permitted in Canada.

Are portable or stand-mounted dental x-ray units permitted in veterinary facilities?

Portable or mobile x-ray equipment is permitted in mobile facilities. In veterinary hospitals and clinics that are located in permanent facilities, the MOL generally expects that portable or mobile x-ray equipment is permanently installed in the treatment room used to provide dental care. A veterinarian who does not wish to permanently install such equipment may submit plans for approval along with sufficient documentation of safety mechanisms, equipment and procedures. An inspector will determine if safety standards will be maintained before approving installation of the x-ray equipment.

I operate a mobile facility and provide x-ray services using a portable machine. Do I have to register with the MOL and receive approval to operate the equipment?

A veterinarian operating a mobile x-ray service must be registered with the MOL (Form 1 Application for Registration) but is not required to submit Form 2 (Application for Review of Permanent x-ray Location). The veterinarian must provide the following information in writing to the Ministry: name and

address, registration number, location where the equipment is normally stored, purpose for using the equipment, make/ mode/serial number of the equipment and maximum operating voltage and current.

Are the requirements for installation of dental X-ray machines the same as for other x-ray machines?

Yes, dental x-ray machines must meet the same installation requirements as other x-ray machines. The MOL website provides helpful information about the installation of dental x-ray machines that you may want to review.

Where can I find information on the annual dose equivalents?

Annual permissible radiation exposure limits for x-radiation are set in accordance with the International Commission on Radiological Protection recommendations. Maximum permissible levels are established for both radiation workers (individuals who are exposed to radiation during the course of their work) and others (staff, clients, public). The current exposure limits are set out in the Schedule to Regulation 861.

I hired a new veterinary technician who will assist with x-rays. How can we monitor any previous exposure to radiation to ensure annual dose equivalents are not exceeded?

All employers who use x-ray equipment are required to record employees' dose exposures accurately. When a dosimeter is submitted for reading to the dosimeter provider, the readings are submitted to both the employer and the National Dose Registry. The cumulative information is retained by the Registry and is accessible by the employee based on their personal information provided by the employer, usually a social insurance number.

How do I dispose of lead aprons and gloves?

Lead aprons and gloves are considered hazardous materials. A veterinarian should use approved waste carrier companies to transport and dispose of hazardous materials.

Can a veterinarian take an x-ray of a human being (e.g., a horse steps on an auxiliary's foot)?

No. The Healing Arts Radiation Protection Act governs the operation of x-ray equipment on humans. Veterinarians are not included in the list of persons who are authorized under the Act to prescribe x-

rays of humans. x-ray equipment used on humans must meet the standards defined in the regulations including approval by the Ministry of Health and Long-Term Care.

Legislative Authority

Occupational Health and Safety Act, R.S.O. 1990, c O.1
R.R.O. 1990, Reg. 861, X-Ray Safety (*Occupational Health and Safety Act)*
Radiation Emitting Devices Regulations, C.R.C., c 1370, Part II, Design Standards, s. 2(1)(c) (*Radiation Emitting Devices Act*)

Resources

The following can be found at the College's website at cvo.org:

Accreditation Standards for Veterinary Facilities in Ontario

The following additional resource may be helpful:

Veterinary Dental X-Ray Machine Installation, Health and Safety Guidelines, Ministry of Labour

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

PROFESSIONAL PRACTICE STANDARD

Humane Animal Handling and Restraint

Published: April 2019

Introduction

Veterinarians are well recognized by the public (both organizations and individuals) as the experts and leaders in the humane care of animals. The public, and the profession, expect veterinarians to model responsible and appropriate animal handling and restraint in all circumstances. The public trusts veterinarians, and looks to the profession for compassionate care and welfare advice in all animal species.

The promotion and protection of animal health and welfare are encompassed in the fundamental commitments outlined in the Veterinary Oath[1], and are the foundation of the profession's ethos. The Oath, provided below, emphasizes elements inherent to a veterinarian's obligation in the responsible and humane animal handling and restraint:

> **"As a member of the veterinary medical profession, I solemnly swear that I will use my scientific knowledge and skills for the benefit of society.**

[1] Canadian Veterinary Medical Association: The Canadian Veterinary Oath. http://www.canadianveterinarians.net/about-veterinary-medicine/oath.aspx

I will strive to promote animal health and welfare, prevent and relieve animal suffering, protect the health of the public and the environment, and advance comparative medical knowledge.

I will perform my professional duties conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

I will strive continuously to improve my professional knowledge and competence and to maintain the highest professional and ethical standards for myself and the profession."

Often the challenge with the provision of veterinary care is the public's emotional reaction to methods of handling and restraint that are humane and necessary to ensure a safe outcome for all involved in the care of the animal. The method of humane handling and restraint of an animal by a veterinarian varies across species, and is influenced by a diverse number of factors and circumstances. Regardless of context, and in addition to the Veterinary Oath, a veterinarian should consider the Five Freedoms[2], first described by the Farm Animal Welfare Council of the UK as a contemporary and internationally accepted approach to the care and handling of all animals.

Definitions[3]

Handling: The manner of treating or dealing with an animal in order to interact with or control their actions. Handling, which requires knowledge of the normal behaviour of an animal, particularly an animal that may be stressed or fearful, can include physical contact, as well as auditory, visual and olfactory cues and may involve use of physical barriers (e.g. gates) to properly direct animal movement.

Restraint: The use of manual, mechanical, or pharmaceutical modalities to limit some or all of an animal's normal voluntary movement.

[2] The Five Freedoms are outlined in Appendix A.
[3] Definitions adapted from *Position Statement on Companion Animal Handling and Restraint*, British Columbia Society for the Prevention of Cruelty to Animals.

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Humane Animal Handling and Restraint* when they:

1. Understand and recognize the normal behaviour and triggers for pain, fear, anxiety, aggression, and/or stress in a particular animal or species treated under their scope of practice.

2. Seek, understand, and utilize current, evidence-informed knowledge of responsible animal handling and/or restraint techniques, that are relevant to their scope of practice.

3. Utilize techniques and/or equipment that prevent or minimize pain, fear, anxiety, aggression, and/or stress in an animal for the service provided.

4. Consider whether it is necessary to handle and/or restrain an animal for any interaction or procedure, and only utilize the degree of handling and/or restraint directly proportional to the specific context.

5. Prioritize the safety of the veterinarian, veterinary team, and other individuals present while supporting the physical and emotional health and wellbeing of the animal when selecting a method of handling and/or restraint for a specific circumstance.

6. Assess and monitor an animal's capacity for pain, fear, anxiety, aggression, and/or stress through its behaviour, inclusive of its reaction to its environment (both physical and social), to ensure effective health and welfare outcomes.

7. Recognize when an animal's state of arousal requires modification to the chosen approach and adjusts the approach, including plans for future encounters, accordingly. A plan for future encounters is recorded in the medical record and communicated to the veterinary team and the client.

8. Inform and educate an existing or a potential client about the humane handling of and/or restraint required for examination and/or treatment of a specific animal, as appropriate and necessary to ensure a positive animal health and welfare outcome.

9. Understand their own limitations and/or the limitations of the situation in the handling and restraint of an animal within the specific context and, where appropriate, defer care or refer an animal to another veterinarian and/or terminates a veterinarian-client-patient relationship in accordance with College standards.

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Informed Client Consent*
2. *Guide to the Professional Practice Standard: Informed Client Consent*
3. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
4. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
5. *Position Statement: Pain Management*

Suggested Resources

It is recognized that this source list is limited in its overarching advice to veterinarians. It is meant as a basic reference, acknowledging that this area is constantly evolving and developing.

World Organization for Animal Health – Animal Welfare at a Glance: http://www.oie.int/en/animal-welfare/animal-welfare-at-a-glance/

Chapman, S: Safe Handling and Restraint of Animals: A Comprehensive Guide: https://www.wiley.com/en-ca/Safe+Handling+and+Restraint+of+Animals:+A+Comprehensive+Guide-p-9781119077909

Howell A, Feyrecilde M: Cooperative Veterinary Care: https://www.wiley.com/en-us/Cooperative+Veterinary+Care-p-9781119449737

Lloyd, J: Minimizing Stress for Patients in the Veterinary Hospital: Why it's Important and What Can be Done about It: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5606596/

Yin S: Low Stress Handling, Restraint and Behaviour Modification in Dogs and Cats: https://lowstresshandling.com/ Fear Free: https://fearfreepets.com/ Cat Friendly – How to Pet &

Handle Cats: https://www.catvets.com/education/online/videos
https://www.catvets.com/education/online/webinars/feline-friendly-handling

Grandin T: Temple Grandin's Guide to Working with Farm Animals:
https://www.storey.com/books/temple-grandins-guide-working-farm-animals/

National Farm Animal Care Council – Codes of Practice for the care and handling of farm animals:
http://www.nfacc.ca/codes-of-practice

Beef Cattle: http://www.nfacc.ca/codes-of-practice/beef-cattle
Bison: http://www.nfacc.ca/codes-of-practice/bison
Chickens, Turkeys and Breeders: http://www.nfacc.ca/codes-ofpractice/chickens-turkeys-and-breeders
Dairy Cattle: http://www.nfacc.ca/codes-of-practice/dairy-cattle
Equine: http://www.nfacc.ca/codes-of-practice/equine
Farmed Deer: http://www.nfacc.ca/codes-of-practice/farmed-deer
Farmed Fox: http://www.nfacc.ca/codes-of-practice/farmed-fox
Farmed Mink: http://www.nfacc.ca/codes-of-practice/farmed-mink
Goats: http://www.nfacc.ca/codes-of-practice/goats
Pigs: http://www.nfacc.ca/codes-of-practice/pigs
Poultry – Layers: http://www.nfacc.ca/codes-of-practice/poultry-layers
Rabbits: http://www.nfacc.ca/codes-of-practice/rabbits
Sheep: http://www.nfacc.ca/codes-of-practice/sheep
Veal Cattle: http://www.nfacc.ca/codes-of-practice/veal-cattle

Appendix A[4]

Farm Animal Welfare Council - Five Freedoms

1. **Freedom from Hunger and Thirst** - by ready access to fresh water and a diet to maintain full health and vigour.

2. **Freedom from Discomfort** - by providing an appropriate environment including shelter and a comfortable resting area.

3. **Freedom from Pain, Injury or Disease** - by prevention or rapid diagnosis and treatment.

4. **Freedom to Express Normal Behaviour** - by providing sufficient space, proper facilities and company of the animal's own kind.

5. **Freedom from Fear and Distress** - by ensuring conditions and treatment which avoid mental suffering.

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[4] Five Freedoms sourced from the online archives of the Farm Animal Welfare Council. 2009. https://webarchive.nationalarchives.gov.uk/20121010012427/http://www.fawc.org.uk/freedoms.htm

PROFESSIONAL PRACTICE STANDARD

Prescribing a Drug

Published: August 2018
Revised: June 2022

Introduction

Under the *Veterinarians Act* and regulations, a veterinarian licensed by the College of Veterinarians of Ontario is authorized to prescribe and dispense a drug. More specifically, prescribing a drug is an important component of the practice of most veterinarians and one that requires appropriate knowledge and skill, and the use of professional judgment. In most circumstances, prescribing is coupled with the act of dispensing; however, there are acceptable instances when prescribing may be performed independently by a veterinarian. A veterinarian should acknowledge and manage the potential conflict of interest in assuming the dual role of prescriber and dispenser.

The professional activity of veterinary prescribing is informed and regulated by a broad legislative framework provincially and federally. This legislation sets out the requirements for the prescribing, sale, and dispensing of a drug. The *College Professional Practice Standard: Extra-Label Drug Use, Professional Practice Standard: Management and Disposal of Controlled Drugs*, and *Professional Practice Standard: Use of Compounded Products in Veterinary Practice* also describe specific expectations in the prescribing of a drug in an extra-label manner, a controlled drug, and a compounded product, respectively.

Definitions

Client: Client means, with respect to a veterinarian, the owner of an animal(s) or group of animals that the veterinarian is treating, an authorized representative of the owner, or an individual who the veterinarian reasonably determines is acting in the interest of the animal(s) or group of animals.

Drug: As per the *Drug and Pharmacies Regulation Act*, drug means any substance or preparation containing any substance (a) manufactured, sold or represented for use in (i) the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state or the symptoms thereof, in humans, animals or fowl, or (ii) restoring, correcting or modifying functions in humans, animals or fowl, (b) referred to in Schedule I, II, or III, (c) listed in a publication named by the regulations made under the *Drug and Pharmacies Regulation Act*, or (d) named in the regulations made under the *Drug and Pharmacies Regulation Act*.

Extra-Label Drug Use: Extra-label drug use (ELDU), also referred to as "off-label use", refers to the use or intended use of a drug approved by Health Canada in an animal(s) or group of animals in a manner not in accordance with the label or package insert, with respect to species, indication, dose, duration, and route of administration. It also includes the use of all unapproved drugs, including unapproved bulk active pharmaceutical ingredients (APIs) and compounded drugs.[1]

Prescription/prescribing: A direction from a veterinarian authorizing the dispensing of a drug or mixture of drugs to a client for an animal(s) or group of animals.

Withholding Time: Withholding time means, in reference to a food producing animal that receives a drug or substance, the period of time for which the animal or the product(s) of the animal should be withheld or withdrawn from sale for consumption.

Continues on next page.

[1] Extra-Label Drug Use (ELDU) in Animals, Health Canada

Practice Expectations

A veterinarian meets the Professional Practice Standard: Prescribing a Drug when the veterinarian:

1. Respects the best interest(s) of the animal(s) or group of animals and of the client in prescribing and/or dispensing a drug, acknowledging the overarching responsibilities of professionalism and balanced judgment, including the protection of public health.

2. Prescribes a drug only when working from an accredited veterinary facility in Ontario.

3. Understands that the act of prescribing a drug may not be delegated.

4. A) Prescribes a drug within the context of a veterinarian-client-patient-relationship (VCPR)[2] where the veterinarian:

    (i) Has been retained by the owner of the animal(s) or group of animals an authorized representative of the owner, or an individual who the veterinarian reasonably determines is acting in the interest of the animal(s) or group of animals;

    (ii) Has advised the client that the veterinarian will only provide services in accordance with the standards of practice of the profession;

    (iii) Has reached an agreement with the client as to the scope of the services to be provided by the veterinarian; and

    (iv) Has obtained the consent of the client for each service to be provided.

    B) Understands that additional requirements for prescribing a drug are that the veterinarian:

    (i) has recent and sufficient knowledge of the animal(s) or group of animals by virtue of a history and inquiry and either in-person physical examination of the animal(s) or group of animals or medically appropriate and timely in-person visits to the premises where the animal(s) or group of animals is kept to reach at least a general or preliminary diagnosis;

[2] Unless one of the exceptions to the requirement for a VCPR apply, inclusive of section 18(3) of Regulation 1093.

(ii) believes that the drug is prophylactically or therapeutically indicated for the animal(s) or group of animals; and

(iii) is readily available in-person in case of adverse reactions to the drug or failure of the regimen of therapy.[3]

C) Further understands that they may obtain recent and sufficient knowledge through a virtual physical examination or virtual premise visit to prescribe a non-controlled drug to an animal(s) or group of animals when the following conditions are met:

(i) They conduct a virtual physical examination or virtual premise visit of an animal(s) or group of animals' circumstances and condition to obtain sufficient information regarding its status and condition to indicate an immediate need for drug therapy;

(ii) The quantity of the drug prescribed is limited to an immediate, short-term need or is the minimum amount necessary to allow the client a reasonable opportunity to obtain in-person veterinary services for the animal(s) or group of animals; and

(iii) They are readily available in-person to manage adverse reactions to the drug or failure of the regimen of therapy.

5. Understands that an exception to the requirement that a VCPR must be established before a veterinarian can provide veterinary services (inclusive of prescribing a drug) includes where a veterinarian determines that there is an emergency situation and that an animal(s) or group of animals require(s) immediate veterinary services.

6. Prescribes a drug approved for veterinary use as the first drug treatment option where available. Alternatively, prescribes a drug approved for human use. When no approved drug exists and where a therapeutic need has been established, prescribes that a drug be

[3] In accordance with the College's *Policy Statement: After-Hours Care Services*

compounded from a drug approved for veterinary use, a drug approved for human use, or (if neither is possible) from an active pharmaceutical ingredient.

7. Prescribes a drug in a manner consistent with the *Food and Drugs Act* and regulations, and, for medicated feed for livestock, in a manner consistent with the *Feeds Act* and regulations.

8. Prescribes a controlled substance only within a VCPR and where the controlled substance is required for a condition for which an individual animal is receiving treatment from the veterinarian.

9. Prescribes a controlled drug in a manner consistent with the College's *Professional Practice Standard: Management and Disposal of Controlled Drugs*.

10. Prescribes a compounded drug in a manner consistent with the College's *Professional Practice Standard: Use of Compounded Products in Veterinary Practice*.

11. Prescribes a drug in an extra-label manner that is consistent with the College's *Professional Practice Standard: Extra-Label Drug Use*.

12. Prescribes an antimicrobial drug in a manner consistent with responsible use of antimicrobial drugs that sustains the clinical efficacy of the drug by optimizing drug use, choice, dosing, duration, and route of administration, while minimizing the emergence of resistance and other adverse effects.

13. Maintains a medical record that contains sufficient information to support the prescription and use of an antimicrobial drug in accordance with the *Professional Practice Standard: Medical Records.*

14. Provides a client with information regarding common side effects and any serious risks associated with the administration of a prescribed drug used in either a label or extra-label manner. Informs the client of the proper storage, handling, and the means of administration of a prescribed drug.

15. Provides a written prescription for a prescribed drug when requested by a client, unless the client requests that an oral prescription be provided.

16. Provides an oral prescription when requested by a client, to an individual acceptable to the client, who is either a veterinarian licensed by the College of Veterinarians of Ontario, a member of the Ontario College of Pharmacists or a veterinarian practising outside of Ontario.[4]

17. (a) Includes the following information on a written, signed prescription, or verbally, if an oral prescription is provided in keeping with sections 15 and 16:

- Name, strength and quantity of the drug;
- Name and address of the veterinarian;
- Identity of the animal or group of animals for which the drug is prescribed, including the approximate number of animals in the case of groups;
- Name and address of the client;
- Prescribed directions for use (dose, route of administration, frequency, and duration);
- Date the prescription is issued, including the day, month and year;
- Withholding times, if the prescription is for a food-producing animal;
- The weight of the animal if the dispensing veterinarian is not the same as the prescribing veterinarian;
- Number of refills permitted, if any, or expiry date, or total amount of drug prescribed; and
- Veterinarian's licence number issued by the College.

(b) A prescription for a drug to be administered via feed must be consistent with federal legislation and must contain, in addition to the information in section 17.(a), the following:

- Animal production type;
- Weight or age;
- Type of feed;
- Total amount of feed or feeding period;
- Amount of drug used per tonne;
- Manufacturing instructions;
- Cautions; and
- CgFARAD # if applicable.

18. Advises the client of appropriate withholding times when prescribing a drug for use in food-producing animals, which shall be at least as long as the withholding time recommended by the

[4] See section on "Dispensing Without an Existing Veterinarian-Client-Patient Relationship" in the *Professional Practice Standard: Dispensing*.

manufacturer of the drug or substance. Appropriate withholding time(s) must be included in the prescription. In instances where the withholding time is not known, makes every effort to establish an appropriate withholding time. The Canadian Global Food Animal Residue Avoidance Database (www.cgfarad.usask.ca) should be consulted for its recommended residue avoidance information when a drug is used in an extra-label manner.

19. Issues a prescription for administration via feed in accordance with the Compendium of Medicating Ingredient Brochures (CMIB) and/or drug label where available.

20. Does not sign a blank or incomplete prescription form.

21. Maintains appropriate security of prescription forms to mitigate against misuse or theft.

Guide to the Standard

A separate *Guide to the Professional Practice Standard: Prescribing a Drug* has been developed by the College and can be found on the Colleges' website www.cvo.org.

Legislative Authority

Food and Drugs Act and Regulations (Federal)
Feeds Act and Regulations (Federal)
Controlled Drugs and Substances Act and Regulations (Federal)
Drug and Pharmacies Regulation Act and Regulations (Provincial)
Drug Interchangeability and Dispensing Fee Act (Provincial)
Veterinarians Act (Provincial)
Regulation 1093, s. 1, 18, 23-33 (*Veterinarians Act*) (Provincial)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Dispensing a Drug*
2. *Guide to the Professional Practice Standard: Dispensing a Drug*
3. *Professional Practice Standard: Extra-Label Drug Use*
4. *Guide to the Professional Practice Standard: Extra-Label Drug Use*

5. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
6. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
7. *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
8. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
9. *Professional Practice Standard: Informed Client Consent*
10. *Guide to the Professional Practice Standard: Informed Client Consent*
11. *Professional Practice Standard: Medical Records*
12. *Guide to the Professional Practice Standard: Medical Records*
13. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
14. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
15. *Professional Practice Standard: Telemedicine*
16. *Guide to the Professional Practice Standard: Telemedicine*
17. *Information Sheet - Apiculture & Bee Medicine*

The following additional resources are also applicable:

1. *Policy on Extra-Label Drug Use in Food Producing Animals*, Health Canada, 2015.
2. *Position Statement: Extra-label Drug Use (ELDU),* Canadian Veterinary Medical Association, 2021.
3. Canadian gFARAD Website
4. *Veterinary Oversight of Antimicrobial Use – A Pan-Canadian Framework of Professional Standards for Veterinarians*, Canadian Veterinary Medical Association,

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Prescribing a Drug

Published: August 2018
Revised: October 2018; March 2019; June 2022

Introduction

Under the *Veterinarians Act* and regulations, a veterinarian licensed by the College of Veterinarians of Ontario is authorized to prescribe and dispense drugs. More specifically, prescribing drugs is an important component of the practice of most veterinarians and one that requires appropriate knowledge and skill, and the use of professional judgment. Prescribing is most often coupled with the act of administering and/or dispensing. There are instances when a veterinarian will only perform the act of prescribing. A veterinarian should acknowledge and manage the potential conflict of interest in assuming the dual role of prescriber and dispenser.

Using a question-and-answer format, this *Guide to the Professional Practice Standard: Prescribing a Drug* addresses questions and offers suggestions on how to apply the *Professional Practice Standard* in situations that arise in veterinary practice.

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General Expectations

1. Can a veterinarian delegate the act of prescribing to an auxiliary?

No, a veterinarian may not delegate the act of prescribing to an auxiliary.

2. Must a veterinarian always prescribe a drug approved for veterinary use over a drug approved for human use (and an approved drug over a compounded drug)?

When determining which drug to prescribe, a veterinarian uses their clinical judgment to recommend the most appropriate course of treatment for an animal(s) or group of animals, taking into consideration the following:

- The availability of any approved veterinary drugs for the species in question and condition (on-label use);
- The availability of veterinary drugs or approved human drugs (extra-label use);
- The need for a compounded drug where no approved drug exists, and a therapeutic need is established;
- Current research and evidence of available treatments; and
- Considerations such as side effects, risks, and benefits.

A veterinarian uses professional judgement to provide their recommendation of treatment options on a case-by-case basis taking into consideration factors such as the risks and benefits of each, and the circumstances of the patient and client. The veterinarian obtains informed client consent in accordance with the *Professional Practice Standard: Informed Client Consent*.

3. What are the principles of good antimicrobial stewardship and prudent use of antimicrobials?

Every veterinarian has a valuable role to play in the effort to combat antimicrobial resistance and to preserve the effectiveness of antimicrobial drugs and their availability for both veterinary and human use. As part of good stewardship, the College expects a veterinarian will assume an active leadership role by ensuring their understanding of:

- The need for antimicrobial oversight;
- the existing government directives;
- the evolving science related to pharmaceuticals (*continued on next page*);

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- sustaining the clinical efficacy of the drug by optimizing drug use, choice, dosing, duration, and route of administration while minimizing the emergence of resistance and other adverse effects; and
- the most appropriate current use of antimicrobial drugs with a specific species.

A veterinarian must only prescribe antimicrobial drugs within a veterinarian-client-patient relationship (VCPR) and where strong clinical evidence demonstrates medical need. A veterinarian must also maintain a medical record that contains sufficient information to support the prescription and use of an antimicrobial drug. For more information on medical recordkeeping, see the *Professional Practice Standard: Medical Records*. It is important for veterinarians to be vigilant in their oversight and to remain ever cognizant that there are risks as well as benefits associated with antimicrobial use for the greater public good.

4. When is the use of protocols or standard operating protocols (SOPs) advised?

A veterinarian may establish standard operating protocols (SOPs) for an animal(s) or group of animals in advance or anticipation of illness, vaccination, processing, etc. An SOP is a specific direction or series of steps to be undertaken following a specific scenario or indication. An SOP is not a prescription and does not authorize the dispensing of a drug.

Adverse Reactions

5. Does a veterinarian have to inform a client about common side effects, serious risks associated with the administration of a drug, and the proper storage, handling, and the means of administration of a prescribed drug each time a drug is prescribed?

As a part of the informed consent discussion with a client, a veterinarian should discuss the risks associated with a prescribed drug. This should include a discussion of the common side effects, any serious risks associated with the administration of a drug, proper storage and handling, and the means of administration. This information can also be provided in a handout. A notation that the information was provided should be made in the medical record in accordance with the *Professional Practice Standard: Medical Records*.

6. Does a veterinarian have to be readily available in-person to respond to adverse reactions?

A veterinarian prescribing a drug must be readily available in-person during both regular-hours and

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after-hours in case of adverse reactions to the drug or failure of the regimen of therapy. Adverse reactions to a drug that occur after-hours may be handled directly by the prescribing veterinarian or through an arrangement with another veterinarian/veterinary facility.

For more information on being readily available in-person to treat adverse reactions during after-hours, see the *Policy Statement: After-Hours Care Services*.

7. Does a veterinarian have reporting obligations in relation to adverse reactions?

A veterinarian is encouraged to report suspected adverse drug reactions that occur in their practice to the Veterinary Drugs Directorate (VDD). The Veterinary Drugs Directorate classifies an adverse reaction to a veterinary drug as:

- Any unintended or noxious side effects, injury toxicity or sensitivity reaction associated with the clinical uses, studies, investigations and tests respecting a drug;
- any unusual failure of a drug to produce its expected pharmacological activity.

The VDD suggests that the following kinds of adverse drug reactions be reported:

- All suspected drug adverse reactions which are unexpected: an undesirable patient effect which is not consistent with product information or labelling;
- all suspected drug adverse reactions which are serious: an undesirable patient effect which contributes to significant disability or illness, which requires hospitalization or significant medical intervention, or which is more severe or more frequent than expected from product information or labelling;
- all suspected drug adverse reactions to recently marketed drugs (commercially available for less than 7 years), regardless of nature or severity; and
- lack of efficacy when the drug was used according to product labelling (species, dose, indications, route of administration).

Details on how to report can be found here: https://www.canada.ca/en/healthcanada/services/drugs-health-products/veterinary-drugs/adverse-drug-reactions-adrs.html#a6

8. What is CgFARAD and how do I contact them?

Canada is part of a global food animal residue avoidance databank program known as the Canadian Global Food Animal Residue Avoidance Database (CgFARAD). Based at the Western College of

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Veterinary Medicine in Saskatoon, Saskatchewan and the Ontario Veterinary College in Guelph, Ontario, the CgFARAD provides information on residue avoidance to Canadian veterinarians.

A veterinarian should consult CgFARAD (www.cgfarad.usask.ca) for residue avoidance information when prescribing a drug with a Health Canada Drug Identification Number (DIN) in an extra-label manner.

9. How does a veterinarian ensure they are meeting their obligation to provide appropriate withholding times when prescribing a drug for use in food-producing animals?

A veterinarian must advise the client of appropriate withholding times when prescribing a drug for use in a food-producing animals. The appropriate withholding times must be documented in the medical record, on written prescriptions, and on the dispensing label. CgFARAD (www.cgfarad.usask.ca) should be consulted for recommended residue avoidance information when prescribing a drug with a Health Canada Drug Identification Number (DIN) in an extra-label manner. For more information on withholding time requirements, see the *Professional Practice Standard: Prescribing a Drug*.

Conflicts of Interest and Prescribing

10. What does the “potential conflict of interest” in prescribing mean?

The potential for a conflict of interest in veterinary medicine may arise because a veterinarian is in a position to derive financial benefit from dispensing the medications that they prescribe, which has the potential to influence the motivation or decision-making of that veterinarian that may not be in the best interest of the patient or client.

A veterinarian should be alert to the potential for conflict of interest, and should ensure that the process of prescribing drugs is transparent, is performed on the basis of medical need, and that the client’s choice to have a prescription filled wherever they choose is respected.

For further information on Conflict of Interest, see the *Professional Practice Standard: Conflicts of Interest in the Practice of Veterinary Medicine*.

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Prescribing via Telemedicine

11. Can a veterinarian prescribe a drug via telemedicine?

A veterinarian is permitted to prescribe a drug for an animal(s) or group of animals via telemedicine. The professional expectations related to this allowance are outlined in the *Professional Practice Standard: Prescribing a Drug* and are repeated in the *Professional Practice Standard: Telemedicine*.

12. Can a veterinarian prescribe a drug when they obtain recent and sufficient knowledge of the patient via telemedicine where no in-person physical examination or in-person premise visit has previously been conducted?

There are specific circumstances where a veterinarian is permitted to prescribe a non-controlled drug to an animal(s) or group of animals for an immediate, short-term need when they have obtained recent and sufficient knowledge through a virtual physical examination or virtual premise visit. The professional expectations related to this allowance are outlined in the *Professional Practice Standard: Prescribing a Drug* and are repeated in the *Professional Practice Standard: Telemedicine*.

13. Can a veterinarian prescribe a drug for a new patient prior to their first in-person physical exam in order to ease stress or anxiety and make it easier to bring the animal into the clinic?

A veterinarian could consider the following options in this scenario:

- Using telemedicine, establish a veterinarian-client-patient relationship (VCPR) and obtain recent and sufficient knowledge through a virtual physical examination or virtual premise visit in order to prescribe a non-controlled drug for an immediate, short-term need. The professional expectations related to this allowance are outlined in the *Professional Practice Standard: Prescribing a Drug* and are repeated in the *Professional Practice Standard: Telemedicine.*

- Conduct an in-person premise visit to establish a veterinarian-client-patient relationship (VCPR) and obtain recent and sufficient knowledge required to prescribe any drug. For companion animal practice, the College's Council has taken the position that it is in the public interest for a veterinarian who is working from an accredited facility, but who does not have an accredited companion animal mobile facility, to be able to attend on rare occasions at the animal(s)' location when an in-person premise visit is in the best interest of the client and/or animal(s). For more information on this allowance, please refer to the Accreditation section of the College's website.

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14. When a veterinarian prescribes a drug through a virtual physical examination or virtual premise visit, how should they manage an adverse reaction to the drug?

A veterinarian who prescribes a drug must be readily available in-person during both regular hours and after-hours in case of adverse reactions to the drug or failure of the regimen of therapy. Adverse reactions to a drug that occur after-hours may be handled directly by the prescribing veterinarian or through an arrangement with another veterinarian/veterinary facility.

For more information on being readily available in-person to treat adverse reactions during after-hours, see the *Policy Statement: After-Hours Care Services*.

15. What is the quantity of non-controlled drug permitted for a veterinarian to prescribe through a virtual examination or virtual premise visit?

The quantity of the non-controlled drug prescribed is limited to an immediate, short-term need or is the minimum amount necessary to allow the client a reasonable opportunity to obtain in-person veterinary services for the animal(s) or group of animals. It is the veterinarian's professional judgement to prescribe the appropriate amount based on the specific circumstances presented.

16. Can a controlled drug ever be prescribed via telemedicine?

A veterinarian is permitted to prescribe any drug via telemedicine within an existing VPCR when they have first obtained recent and sufficient information through an in-person physical examination or in-person premise visit. This includes controlled drugs.

Veterinarians are reminded that controlled drugs are only to be prescribed when:

(a) The animal for which the controlled substance is prescribed or dispensed or to which it is
(b) administered is an animal under their professional treatment; and
(c) The controlled substance is required for a condition for which the animal is receiving treatment from the member.[1]

A veterinarian is not permitted to prescribe a controlled drug via telemedicine for new clients unless they have first obtained recent and sufficient knowledge from an in-person physical examination or in-person premise visit (*continued on next page*).

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[1] Regulation 1093 s. 28(6)

A veterinarian is also not permitted to prescribe a controlled drug via telemedicine within an existing VCPR if the animal(s) or group of animals is presented with a new condition that the veterinarian does not have recent and sufficient knowledge of from an in-person physical examination or in-person premise visit. A veterinarian is permitted to use their professional judgement to determine whether they possess the required information within these parameters.

Prescriptions

17. Does a veterinarian have to give a client a written prescription when they request it?

Once a veterinarian has determined that a drug is warranted for a patient, a client can choose to have the medication dispensed from the veterinary facility or request that a written prescription be provided to be filled at a pharmacy of the client's choice. If a client requests a written prescription, a veterinarian is obligated to provide it as per Regulation 1093 section 26.

18. How can a veterinarian enable their client to have a prescription filled?

A veterinarian has several options when prescribing a drug either in-person or via telemedicine. They can inform the client that:

1. A drug may be dispensed from the veterinarian's accredited facility;
2. A prescription may be written for the client to take to a pharmacy of their choosing;
3. An oral prescription may be provided to a veterinarian licensed by the College of Veterinarians of Ontario, a member of the Ontario College of Pharmacists or a veterinarian practising outside of Ontario; or
4. The prescribed drug can be mailed (registered) or couriered to the client in accordance with Regulation 1093, Section 33.

When an oral prescription is provided to a veterinarian licensed by the College of Veterinarians of Ontario for dispensing the drug, that veterinarian must determine if it is appropriate to do so in accordance with the *Professional Practice Standard: Dispensing a Drug*. For more information on prescribing and dispensing in these circumstances see the *Professional Practice Standard: Prescribing a Drug* and the *Professional Practice Standard: Dispensing a Drug*.

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19. Can a veterinarian write a prescription that their client wishes to have filled outside Ontario?

The following information pertains to drugs that are available in Canada and have been approved by Health Canada:

Once the client is provided with a prescription, it is left to them to decide where they will have the prescription filled. The determination of the validity of a veterinary prescription is made by the dispenser. In some cases, some pharmacies will accept prescriptions from veterinarians not licensed in the jurisdiction in which the pharmacy is located, some will not. The integrity of the drug is the responsibility of the dispensing pharmacy, and they are required to follow the pharmacy regulations in their jurisdiction.

For oral or faxed prescriptions, a veterinarian can only deal directly with a pharmacist licensed in Ontario, another member of the College of Veterinarians of Ontario, or a licensed veterinarian practising outside of Ontario.

In addition, a veterinarian may wish to educate their client about the risks associated with purchasing drugs online, as outlined by Health Canada: https://www.canada.ca/en/health-canada/services/buying-drugs-over-internet.html . The College regulates the practice of veterinary medicine in Ontario, including the issuance of prescriptions and the dispensing of drugs, but the regulation of pharmacies – in Ontario or elsewhere – is not within the jurisdiction of the College or its licensed veterinarians.

20. Is it acceptable for a veterinarian to write a prescription for a drug that is to be given to multiple animals (same species) of a single owner for the same purpose?

If a veterinarian is treating animals of the same species (including companion animals) as a group within an established VCPR it is acceptable to provide one prescription or dispensed product with directions for treating the group. It is also acceptable to provide one prescription that can be used to treat multiple animals over an extended period of time, and at different times, for the same disease as long as it is within the confines of the VCPR. However, this does not apply to controlled drugs which may only be prescribed to individual animals.

Scenario:

A veterinarian has an established veterinarian-client-patient relationship (VCPR) with the local humane

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society to provide veterinary services to the animals under their care. Two cats from the humane society are assessed by the veterinarian and diagnosed with a highly contagious skin disease. The veterinarian is informed that more cats at the humane society may be affected, and they are concerned about further spread. Given their knowledge of the population of cats and previous on-site visits, the veterinarian prescribes and dispenses medication with directions for treating the group of cats currently affected and establishes a standard operating protocol (SOP) to be followed should other cats start showing clinical signs of the disease.

21. May a veterinarian charge a fee for writing prescription?

Yes, a veterinarian may choose to charge a fee for providing this service.

22. Is it acceptable to write multiple drugs on a single prescription?

A veterinarian may choose to write multiple drugs on a single prescription or to separate each out

individually. In cases of varying start times, it is recommended that separate prescriptions be written for each drug prescribed.

23. Can a veterinarian provide an electronic signature on a prescription?

A veterinarian is permitted to electronically sign a prescription only if they have ensured that they are using an electronic computer system that has a secure method that permits only the member to apply an electronic signature.

Controlled Drugs

24. A patient requires an ongoing prescription for a controlled drug. What should a veterinarian do if they are concerned that the drug is being used inappropriately?

A veterinarian should be aware of how to recognize behaviours that can indicate drug-seeking and how to prevent abuse and diversion of controlled drugs. A veterinarian can choose to prescribe a non-controlled drug for their patient instead where appropriate. A veterinarian should ensure that all requests for prescriptions are documented in the medical record in accordance with the *Professional Practice Standard: Medical Records*.

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Refills

25. The *Professional Practice Standard: Prescribing a Drug* indicates that a written prescription must state the number of refills permitted, if any, or expiry date, or total amount of drug prescribed. What does this mean?

When writing a prescription, a veterinarian must write down the number of refills that are permitted, if any are to be provided, the expiry date of the prescription itself, or the total amount of the drug that is being prescribed. In all cases, the amount and duration of a prescription must be determined while ensuring that the veterinarian has and maintains recent and sufficient knowledge of the animal(s) or group of animals.

26. What are some considerations to keep in mind when authorizing refills?

Prescribing with refills is often appropriate for patients with chronic conditions that are likely to remain stable for the duration of the dispensing period. A veterinarian should ensure processes are in place to monitor the ongoing appropriateness of the drug when prescribing with refills. This includes maintaining recent and sufficient knowledge of the patient and condition by conducting periodic re assessments looking for any changes in the underlying chronic condition, as well as any new drug interactions or contraindications, and/or new side effects of the prescribed drug.

When a client requests that a veterinarian authorize a refill on a prescription that has run out, they must consider whether the drug is still appropriate, and whether the patient's condition is stable enough to warrant the prescription refill without further assessment. If a veterinarian is concerned that continuing to dispense medication without examining and/or performing diagnostic tests on their patient could result in risk to the patient's health, this should be reviewed with the client as part of the client education and informed consent discussions. The veterinarian is to use their professional judgement to decide when to dispense a medication, the dosage, and the frequency.

It is recommended that a veterinarian also consider whether a request for a prescription refill received earlier or later than expected may indicate poor adherence, possibly leading to inadequate therapy or an adverse event.

27. What should a veterinarian do when they receive a refill request from a pharmacy for one of their patients?

A veterinarian must determine if the refill is warranted for the patient first and if any further assessment of the patient is required before issuing the prescription. This will likely require a discussion with the client. Once it is determined that a refill should be issued, it is suggested that a veterinarian write a

prescription to give to a client, rather than fill out a prescription request form from a pharmacy (which may be outside of Ontario).

Legislative Authority

Food and Drugs Act and Regulations (Federal)
Feeds Act and Regulations (Federal)
Controlled Drugs and Substances Act and Regulations (Federal)
Drug and Pharmacies Regulation Act and Regulations (Provincial)
Drug Interchangeability and Dispensing Fee Act (Provincial)
Veterinarians Act (Provincial)
Regulation 1093, s. 1, 18, 23-33 (Veterinarians Act) (Provincial)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Prescribing a Drug*
2. *Professional Practice Standard: Dispensing a Drug*
3. *Guide to the Professional Practice Standard: Dispensing a Drug*
4. *Professional Practice Standard: Extra-Label Drug Use*
5. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
6. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
7. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
8. *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
9. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
10. *Professional Practice Standard: Informed Client Consent*
11. *Guide to the Professional Practice Standard: Informed Client Consent*
12. *Professional Practice Standard: Medical Records*
13. *Guide to the Professional Practice Standard: Medical Records*
14. *Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
15. *Guide to the Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
16. *Policy Statement: After-Hours Care Services*
17. *Professional Practice Standard: Conflicts of Interest in the Practice of Veterinary Medicine*
18. *Professional Practice Standard: Telemedicine*

19. Policy on Extra-Label Drug Use in Food Producing Animals, Health Canada, 2015. http://www.hc-sc.gc.ca/dhp-mps/vet/label-etiquet/pol_eldu-umdde-eng.php
20. Canadian gFARAD Website: https://cgfarad.usask.ca/index.php

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

PREPARING A **Prescription**

These are the elements required if a client requests a written or verbal prescription for a companion animal.



Review the Professional Practice Standard – Prescribing a Drug for a complete list of all practice expectations on this important topic.

cvo.org/prescribing

Public confidence in veterinary regulation.

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PREPARING A **Prescription**

These are the **elements required** if a client requests a written or verbal prescription for a food-producing animal.



Review the Professional Practice Standard – Prescribing a Drug for a complete list of all practice expectations on this important topic.

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PROFESSIONAL PRACTICE STANDARD

Dispensing a Drug

Published: August 2018

Introduction

Under the *Veterinarians Act* and regulations, a veterinarian licensed by the College of Veterinarians of Ontario is authorized to prescribe and dispense a drug. More specifically, the practice of dispensing requires appropriate knowledge and skill, and the use of professional judgment. In most circumstances, dispensing is coupled with the act of prescribing; however, there are acceptable instances when dispensing is an activity performed independently by a veterinarian. A veterinarian should acknowledge and manage the potential conflict of interest in assuming the dual role of prescriber and dispenser.

The professional practice of veterinary dispensing is informed and regulated by a broad legislative framework provincially and federally. This legislative framework sets out the requirements for the sale and dispensing of a drug, including labelling and record-keeping. The College *Professional Practice Standard: Extra-Label Drug Use, Professional Practice Standard: Management and Disposal of Controlled Drugs*, and *Professional Practice Standard: Use of Compounded Products in Veterinary Practice* describe specific expectations in the dispensing of a drug in an extra-label manner, a controlled drug, and a compounded product, respectively.

Definitions

Auxiliary: Auxiliary means a person involved in a veterinarian's practice of veterinary medicine, other than another veterinarian.

Client: Client means, with respect to a veterinarian, the owner of an animal(s) or group of animals, that the veterinarian is treating, an authorized representative of the owner, or an individual who the veterinarian reasonably determines is acting in the interest of the animal(s) or group of animals.

Dispensing: The practice of dispensing means, with respect to a drug or substance, to distribute or provide the drug or substance and includes to sell or to give away the drug or substance but does not include the administration of the drug or substance, by injection, inhalation, ingestion or by any other means, to the body of an animal.[1]

Drug: As per the *Drug and Pharmacies Regulation Act*, drug means any substance or preparation containing any substance (a) manufactured, sold or represented for use in (i) the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state or the symptoms thereof, in humans, animals or fowl, or (ii) restoring, correcting or modifying functions in humans, animals or fowl, (b) referred to in Schedule I, II, or III, (c) listed in a publication named by the regulations made under the *Drug and Pharmacies Regulation Act*, or (d) named in the regulations made under the *Drug and Pharmacies Regulation Act*.

Extra-Label Drug Use: Extra-label drug use (ELDU), also referred to as "off-label use", refers to the use or intended use of a drug approved by Health Canada in an animal in a manner not in accordance with the label or package insert with respect to species, indication, dose, duration, and route of administration. It also includes the use of all unapproved drugs, including unapproved bulk active pharmaceutical ingredients (APIs) and compounded drugs.[2]

Prescribing/Prescription: A direction from a member authorizing the dispensing of a drug or mixture of drugs to a client for a specified animal or group of animals.

Veterinarian: The term veterinarian in this document refers to a licensed member of the College of Veterinarians of Ontario, unless stated otherwise.

[1] *Veterinarians Act*, R.R.O. 1990, Reg. 1093, s. 1.
[2] Extra-Label Drug Use (ELDU) in Animals, Health Canada

Withholding Time: Withholding time (also known as withdrawal time) means, in reference to a food producing animal that receives a drug or substance, the period of time for which the animal or the product(s) of the animal should be withheld or withdrawn from sale for consumption.

Practice Expectations

A veterinarian meets the Professional Practice Standard: Dispensing a Drug when the veterinarian:

Expectations for Dispensing in All Circumstances

1. Respects the best interest(s) of the animal(s) or group of animals and of the client in prescribing and/or dispensing a drug, acknowledging the overarching responsibilities of professionalism and balanced judgment, including the protection of public health.

2. Dispenses a drug only when working from an accredited veterinary facility.

3. Dispenses a drug that is not past its expiry date or that will not likely expire before the intended course of therapy has ended.

4. Dispenses a drug for resale only where the drug is dispensed to another veterinarian or a pharmacist, who are licensed in Ontario, in reasonably limited quantities in order to address a temporary shortage experienced by that other veterinarian or pharmacist.

5. Provides a client with information regarding common side effects and any serious risks associated with the administration of a dispensed drug used in either a label or extra-label manner. Informs the client of the proper storage, handling, and the means of administration of a prescribed drug. Retains this information in the medical record.

6. Advises the client of appropriate withholding times when dispensing a drug for use in food-producing animals, which shall be at least as long as the withholding time recommended by the manufacturer of the drug or substance. Appropriate withholding time(s) must be legibly and conspicuously displayed on the label affixed to the container in which the drug is dispensed. In instances where the appropriate withholding time is not known, makes every effort to establish an appropriate withholding time. The Canadian Global Food Animal Residue Avoidance Database (www.cgfarad.usask.ca) should be consulted for its recommended residue avoidance information when a drug is used in an extra-label manner.

7. Engages in informed and responsible dispensing of T-61 only to those individuals who are either auxiliaries operating under the specific direction of the veterinarian or individuals who are employed by agencies or organizations given the legal authority to obtain T-61 to euthanize animals, including wild animals, and who are known to the veterinarian to be competent in the humane administration of T-61, and aware of the advisability of administering sedation to the animal before administering T-61.

8. Disposes of a drug that is damaged or expired and unfit for dispensing, safely and securely and in accordance with any environmental requirements.

9. Understands that the veterinarian may not return to stock, administer, re-sell, or re-dispense a drug that was previously sold or dispensed.

10. Ensures that a drug is stored appropriately to maintain safety and efficacy.

Dispensing within a Veterinarian-Client-Patient Relationship

11. (a) Dispenses a drug within an established Veterinarian-Client-Patient-Relationship ("VCPR") where the veterinarian:

    (i) has been retained by the owner of the animal(s), groups of companion animals, or herd(s), an authorized representative of the owner, or an individual who the veterinarian reasonably determines is acting in the interest of the animal;
    (ii) has advised the client that the veterinarian will only provide services in accordance with the standards of practice of the profession;
    (iii) has reached an agreement with the client as to the scope of the services to be provided by the veterinarian; and
    (iv) has obtained the consent of the client for each service to be provided.

    (b) Understands that additional requirements for dispensing a drug are that the veterinarian:

    (i) has recent and sufficient knowledge of the animal or group of animals by virtue of a history and inquiry and either physical examination of the animal or group of animals or medically appropriate and timely visits to the premises where the animal or group of animals is kept to reach at least a general or preliminary diagnosis.

(ii) believes that the drug is prophylactically or therapeutically indicated for the animal or group of animals; and

(iii) is readily available in case of adverse reactions to the drug.[3]

Dispensing without an Existing Veterinarian-Client-Patient Relationship

12. Understands that the requirements for a VCPR in section 11 do not apply when a veterinarian dispenses a drug pursuant to an oral or written prescription from another veterinarian who is licensed in Ontario (the prescribing veterinarian) when the following conditions are met:

    (i) the drug being dispensed is not a controlled substance;

    (ii) it is not reasonably possible for the client to obtain the drug from the prescribing veterinarian or a pharmacy;

    (iii) it is necessary in the interests of the animal(s) or group of animals to administer or dispense the drug without the delay that would be associated with returning to the prescribing veterinarian;

    (iv) the veterinarian makes a reasonable effort to discuss the matter with the prescribing veterinarian;

    (v) the veterinarian conducts a sufficient assessment of the animal's circumstances, which may not require a physical examination in every case, to ascertain that it is unlikely that there has been a material change in the circumstances since the prescription was given;

    (vi) the quantity of the drug dispensed is no more than would reasonably enable the client to return to the prescribing veterinarian for future prescriptions or quantities of the drug; and

    (vii) the veterinarian makes a written record of the transaction.

13. Understands that a veterinarian's responsibilities when dispensing a drug outside of an existing VCPR include the responsibilities to:

    (i) Confirm the identification of the client and establish and maintain an appropriate dispensing record for each client/patient as part of the medical record;

    (ii) Obtain and confirm the accuracy and authenticity of the original prescription and refill information;

    (iii) Maintain the original prescription in the dispensing record;

    (iv) Confirm the identity and registration of the prescribing veterinarian;

[3] n accordance with the College's *Policy Statement: After Hours Care Services*.

(v) Immediately transcribe a prescription that is received over the telephone into writing, inclusive of the name of the prescribing veterinarian;
(vi) Reject a prescription and not dispense any medications if the prescription is assessed to be invalid, not reasonable, or improper, and the situation cannot be clarified by the prescribing veterinarian; and
(vii) Inform the prescribing veterinarian that the prescription has been filled.

14. Understands that a further exception to the requirement for a VCPR includes where a veterinarian determines that there is an emergency situation and that an animal(s) or group of animals require(s) immediate veterinary services.

Controlled Substances

In addition to the requirements in paragraphs 1 through 11 above related to dispensing within a VCPR, the following requirements apply to the dispensing of a controlled substance:

15. Dispenses a controlled substance only within a VCPR and where the controlled substance is required for a condition for which the animal is receiving treatment from the veterinarian.

16. When dispensing a controlled substance, keeps a controlled substances register and enters the following information in it:

(i) The date the controlled substance is dispensed or administered;
(ii) The name and address of the client;
(iii) The name, strength, and quantity of the controlled substance dispensed or administered; and
(iv) The quantity of the controlled substance remaining in the veterinarian's inventory after the controlled substance is dispensed or administered.

17. Understands that a veterinarian can mail any controlled substance or any drug referred to in Schedule 1 established under section 3 of Ontario Regulation 264/16 made under the *Drug and Pharmacies Regulation Act* only by registered mail or another method of delivery that allows for the controlled substance to be tracked and requires the person receiving the controlled substance or drug to sign for its receipt.

18. Does not allow any person, other than another member or an auxiliary acting upon the specific direction of the veterinarian, to dispense, administer, or have access to the controlled substances in the veterinarian's possession.

Restricted Drugs

19. The following drugs may not be dispensed under any circumstances:

    (i) Ketamine;
    (ii) Sodium pentobarbital;
    (iii) General anesthetics (For example, propofol, halothane, isoflurane); and
    (iv) Injectable fentanyl.

Record-Keeping

20. Keeps an inventory of every drug that the veterinarian purchases and, immediately upon receiving the drug, ensures that the following information is entered in the record:

    (i) The date of purchase of the drug and if different, the date the member received the drug;
    (ii) The name, strength and quantity of the drug received;
    (iii) The name and address of the supplier from whom the drug was purchased;
    (iv) The purchase price; and
    (v) In the case of a controlled substance, the signature of the member who made the purchase and the signature of the person who received it.

21. Understands that all drugs that are sold from an accredited veterinary facility must have a recorded audit trail. The sale of any prescription drug that is recorded by an invoice will require as part of the audit trail:

    (i) A medical record of the appropriate dispensing, including the labeling; and
    (ii) A record of the prescription, either:
        a. medical record entries if prescribed by a veterinarian in the same practice where the drug was sold; or
        b. the original prescription from another veterinarian who is licensed in Ontario, or a record of the requisite information, in the case of an oral prescription.

22. When dispensing a drug, makes a written record, which may be the same as the medical record, showing:

(i) the name and address of the owner of the animal or group of animals for which the drug is prescribed;
(ii) the name, strength and quantity of the prescribed drug;
(iii) the Drug Identification Number (DIN);
(iv) the directions for use if they are different than the directions for use on the manufacturer's label or if the manufacturer's label does not specify the directions for use;
(v) the date on which the drug is dispensed;
(vi) the price charged; and
(vii) the name of the prescribing veterinarian if the veterinarian prescribing the drug is not the same as the veterinarian dispensing the drug.

Packaging

23. Dispenses a drug in a child resistant package prescribed by the Food and Drug Regulations made under the *Food and Drugs Act* unless:

(i) child resistant packaging is unobtainable through no fault of the veterinarian;
(ii) a child resistant package is not suitable because of the amount or physical form of the drug;
(iii) the client directs otherwise; or
(iv) in the best interests of the client, it is advisable not to use child resistant packaging.

24. (a) Ensures that all labels on the container in which a drug is dispensed include the following information, whether on the dispensing label or the manufacturer's label:

(i) the name, strength and quantity of the drug;
(ii) the date the drug is dispensed;
(iii) the name and address of the dispensing veterinarian, and the prescribing veterinarian, if dispensing occurs outside a veterinarian-client-patient relationship;
(iv) the identity of the animal or group of animals for which it is dispensed;

(v) The Drug Identification Number (DIN);
(vi) the name of the owner of the animal or animals;
(vii) the prescribed directions for use (dose, route of administration, frequency, and duration);
(viii) minimal withholding time (where applicable) as prescribed;
(ix) storage precautions;
(x) any toxic warnings or other precautions appearing on the original label; and
(xi) any other information required by legislation.

(b) Marks the label on the container in which a drug is dispensed with the words "Veterinary Use Only" on both inner and outer package labels.

(c) If drugs are dispensed in a container, each container must be labeled. If a case containing multiple containers is dispensed, the case must be labelled.

25. Where the product is supplied in its original packaging and already includes some or all of the information in section 24 which remains legible following application of the dispensing label, it is not necessary to repeat this same information on the dispensing label. If it is not feasible to include all of the information on the label due to the size of the packaging it must be included on a separate sheet or via a weblink.

Guide to the Professional Practice Standard

A separate *Guide to the Professional Practice Standard: Dispensing a Drug* has been developed by the College and can be found on the Colleges' website www.cvo.org.

Legislative Authority

Food and Drugs Act and Regulations (Federal)
Feeds Act and Regulations (Federal)
Controlled Drugs and Substances Act and Regulations (Federal)
Drug and Pharmacies Regulation Act and Regulations (Provincial)
Drug Interchangeability and Dispensing Fee Act (Provincial)
Veterinarians Act (Provincial)
Regulation 1093, s. 1, 18, 23-33 (*Veterinarians Act*) (Provincial)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Prescribing a Drug*
2. *Guide to the Professional Practice Standard: Prescribing a Drug*
3. *Professional Practice Standard: Extra-Label Drug Use*
4. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
5. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
6. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
7. *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
8. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
9. *Professional Practice Standard: Informed Client Consent*
10. *Guide to the Professional Practice Standard: Informed Client Consent*
11. *Professional Practice Standard: Medical Records*
12. *Guide to the Professional Practice Standard: Medical Records*
13. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client -Patient Relationship (VCPR)*
14. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing Veterinarian-Client- Patient Relationship (VCPR)*

The following additional resources are also applicable:

Policy on Extra-Label Drug Use in Food Producing Animals, Health Canada, 2015.

Position Statement: Extra-label Drug Use (ELDU), Canadian Veterinary Medical Association, 2021.

Canadian gFARAD Website: https://cgfarad.usask.ca/index.php

Veterinary Oversight of Antimicrobial Use – A Pan-Canadian Framework of Professional Standards for Veterinarians, Canadian Veterinary Medical Association

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Dispensing a Drug

Published: August 2018

Introduction

Under the *Veterinarians Act* and regulations, a veterinarian licensed by the College of Veterinarians of Ontario is authorized to prescribe and dispense drugs. More specifically, dispensing drugs is an important component of the practice of most veterinarians and one that requires appropriate knowledge and skill, and the use of professional judgment. In most circumstances, prescribing is coupled with the act of dispensing; however, there are acceptable instances when dispensing is an activity performed independently by a veterinarian. A veterinarian should acknowledge and manage the potential conflict of interest in assuming the dual role of prescriber and dispenser.

Using a question-and-answer format, this *Guide to the Professional Practice Standard: Dispensing a Drug* addresses questions and offers suggestions on how to apply the *Professional Practice Standard* in situations that arise in veterinary practice.

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Frequently Asked Questions about General Expectations

1. May I delegate the act of dispensing to an auxiliary?

Yes, a veterinarian may delegate the act of dispensing to an auxiliary.

2. Can I dispense a drug for a client whose animal(s) or group of animals I have not examined or visited within the past year?

The current *Professional Practice Standard: VCPR* states that a veterinarian must use their professional judgment to determine if they should provide veterinary treatment, inclusive of prescribing, dispensing, or administering a drug. Depending on their recent knowledge of the animal or groups of animals, the purpose of the drug, and the risks and benefits to the animal(s), they will determine what information they need regarding whether to dispense the drug in question. The appropriate time between physical examinations or visits to the premise can vary depending on the factors mentioned above and the specific circumstances. There is no requirement for an examination within one year.

3. What should I do if someone who isn't a client asks me to sell them drugs or write a prescription for them to use to obtain drugs?

A veterinarian may only prescribe, dispense, or administer a drug within a valid VCPR and when they determine that they have recent and sufficient knowledge of the animal or group of animals and the drug is therapeutically or prophylactically indicated.

4. Do I have to inform a client about common side effects, serious risks associated with the administration of a drug, and the proper storage, handling, and the means of administration of a prescribed drug each time the drug is dispensed?

As a part of the informed consent discussion with a client, a veterinarian should discuss the risks associated with a prescribed drug. This should include a discussion of the common side effects, any serious risks associated with the administration of a drug, proper storage and handling, and the means of administration. This information can also be provided in a handout. A notation that the information was provided should be made in the medical record.

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5. Can I dispense a drug, including a controlled drug, to another veterinarian or pharmacist for resale?

A veterinarian may not dispense a drug for resale except where the drug is dispensed to another member of the College of Veterinarians of Ontario or a member of the Ontario College of Pharmacists in reasonably limited quantities in order to address a temporary shortage experienced by that other professional. The repeated sale of drugs to any source by a veterinarian is considered wholesaling and is not permitted by law.

6. Does the number of refills permitted allow for "unlimited" refills on a written prescription?

The number of refills authorized by a veterinarian is constrained by the fact that a veterinarian must maintain "recent and sufficient knowledge" of an animal or animals within a VCPR in order to prescribe, dispense, or administer a drug.

7. May I give away expired or previously dispensed and returned drugs in order to assist an individual or organization, such as a rescue group?

Redistributing unused or expired drugs, even those in their original packaging, is not permitted because the chain of custody and the integrity of the drugs cannot be ensured. Once the expiration date has passed there is no assurance that the drugs have the safety, identity, strength, quality and purity characteristics they purport or represent to possess. As such, Health Canada considers the sale of expired drugs to be the sale of unlicensed drugs.

A veterinarian must meet the same standards of care in all circumstances and for all clients and animals. Returned drugs must be disposed of in a safe and secure manner. Expired drugs should be discarded or returned to the manufacturer, in accordance with the College's *Accreditation Standards for Veterinary Facilities in Ontario.*

8. How do I trace drugs in case of a recall?

The College considers it a best practice for a veterinarian to note the lot number of a drug when they purchase the drug in question and receives it into the inventory of the facility.

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9. May I fill a prescription from another veterinarian when I have not examined the animal and there is no established VCPR?

Regulation 1093 outlines a veterinarian's obligations related to dispensing a medication that is prescribed by another veterinarian. There is a narrowly-defined exemption that allows a veterinarian to dispense a non-controlled drug pursuant to a prescription from another veterinarian who is licensed in Ontario (the prescribing veterinarian) when the following conditions are met:

(a) it is not reasonably possible for the client to obtain the drug from the prescribing veterinarian or a pharmacy;
(b) it is necessary in the interests of the animal to administer or dispense the drug without the delay that would be associated with returning to the prescribing veterinarian;
(c) the dispensing veterinarian makes a reasonable effort to discuss the matter with the prescribing member;
(d) the dispensing veterinarian conducts a sufficient assessment of the animal's circumstances, which may not require a physical examination in every case, to ascertain that it is unlikely that there has been a material change in the circumstances since the prescription was given;
(e) the quantity of the drug dispensed is no more than would reasonably enable the client to return to the prescribing veterinarian for future prescriptions or quantities of the drug; and
(f) the dispensing veterinarian makes a written record of the transaction.

Alternatively, a veterinarian may decide to establish a VCPR with the individual in question, for the purpose of prescribing and dispensing the drug.

A prescribing veterinarian may also choose to courier drugs to theit clients when the client is unable to attend the veterinarian's veterinary facility or provide an oral prescription to an Ontario pharmacy in the area that the client is located.

10. The *Professional Practice Standard: Dispensing a Drug* states that a veterinarian must make a written record when dispensing a drug stating the name of the prescribing veterinarian if the veterinarian prescribing the drug is not the same as the veterinarian dispensing the drug. If the prescribing veterinarian and dispensing veterinarian work in the same facility, must the name of the prescribing veterinarian still be included?

Yes, the name of the prescribing veterinarian should be included even in cases where both

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veterinarians work in the same facility, as they have individual responsibilities and accountabilities related to the standards of practice of the profession.

11. The *Professional Practice Standard: Dispensing a Drug* requires me to include the Drug Identification Number (DIN) in a written record when dispensing a drug and on the label of a dispensed drug. What is a DIN and why is it important?

A Drug Identification Number (DIN) is a computer-generated eight-digit number assigned by Health Canada to a drug product, which uniquely identifies all drug products sold in a dosage form in Canada. It is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada. A DIN uniquely identifies the following product characteristics: manufacturer; product name; active ingredient(s); strength(s) of active ingredient(s); pharmaceutical form; route of administration. A DIN lets a user know that the product has undergone and passed a review of its formulation, labeling and instructions for use. A drug product sold in Canada without a DIN is not in compliance with Canadian law. The DIN is unique and serves as a tool to help in the follow-up of products on the market, recall of products, inspections, and quality monitoring. https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/fact-sheets/drug-identification-number.html

Frequently Asked Questions about Potential Diversion

12. How can I recognize red flags that can indicate drug-seeking behaviour and take steps to avoid drug diversion?

A veterinarian should be aware of how to recognize behaviours that can indicate drug-seeking and how to assist in preventing abuse and diversion of controlled drugs. Health Canada has created “Abuse and Diversion of Controlled Substances: A Guide for Health Professionals” to assist health professionals and can be found here: http://publications.gc.ca/collections/collection_2018/sc-hc/H128-1-06-467-eng.pdf

Frequently Asked Questions about Recordkeeping

13. What are the best practices for recordkeeping with respect to antimicrobial drugs?

A veterinarian should maintain a medical record that contains sufficient information regarding the

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history, consultations, laboratory investigations and physical examination findings to justify the prescription and use of an antimicrobial drug. A tentative or final diagnosis or purpose for use of a drug should be recorded.

Legislative Authority

Food and Drugs Act and Regulations (Federal)
Feeds Act and Regulations (Federal)
Controlled Drugs and Substances Act and Regulations (Federal)
Drug and Pharmacies Regulation Act and Regulations (Provincial)
Drug Interchangeability and Dispensing Fee Act (Provincial)
Veterinarians Act (Provincial)
Regulation 1093, s. 1, 18, 23-33 (*Veterinarians Act*) (Provincial)

Resources

The following can be found at the following links or at the College's website at cvo.org:

1. Policy on Extra-Label Drug Use in Food Producing Animals, Health Canada, 2015.
2. Position Statement: Extra-label Drug Use (ELDU), Canadian Veterinary Medical Association, 2021.
3. Canadian gFARAD Website
4. Veterinary Oversight of Antimicrobial Use – A Pan-Canadian Framework of Professional Standards for Veterinarians – Canadian Veterinary Medical Association
5. *Professional Practice Standard: Dispensing a Drug*
6. *Professional Practice Standard: Prescribing a Drug*
7. *Guide to the Professional Practice Standard: Prescribing a Drug*
8. *Professional Practice Standard: Extra-Label Drug Use*
9. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
10. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
11. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
12. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
13. *Professional Practice Standard: Informed Client Consent*
14. *Guide to the Professional Practice Standard: Informed Client Consent*
15. *Professional Practice Standard: Medical Records*
16. *Guide to the Professional Practice Standard: Medical Records*
17. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

18. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

PROFESSIONAL PRACTICE STANDARD

Extra-Label Drug Use

Published: August 2018

Introduction

Extra-label drug use refers to the use of a drug that is not in accordance with the approved label or the package insert of the drug licensed by Health Canada. Extra-label drug use encompasses a broad range of activities. Extra-label drug use can be a significant component of a veterinarian's practice, and can be essential for certain animal species.

As a drug used in an extra-label manner has not undergone the drug review process at Health Canada that ensures that a drug product has received rigorous scientific scrutiny and satisfies all requirements and criteria that are prescribed by the *Food and Drug Regulations*, a drug used in an extra-label manner does not have proven safety or efficacy characteristics based on its intended use. According to Health Canada, extra-label drug use presents a number of potential public health and food safety risks, including violative drug residues being present in food products derived from ELDU-treated animals, the emergence and/or aggravation of antimicrobial resistance, and potential adverse reactions to an animal or group of animals since these products may not have been tested appropriately for the intended condition.

Veterinarians must ensure that they meet the practice expectations when prescribing and dispensing a drug in an extra-label manner.

Definition

Extra-Label Drug Use: Extra-label drug use (ELDU), also referred to as "off-label use", refers to the use or intended use of a drug approved by Health Canada in an animal in a manner not in accordance with the label or package insert with respect to species, indication, dose, duration, and route of administration. It also includes the use of all unapproved drugs, including unapproved bulk active pharmaceutical ingredients (APIs) and compounded drugs.[1]

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Extra-Label Drug Use* when the veterinarian:

1. Only prescribes a drug in an extra-label manner within an existing veterinarian-client-patient relationship (VCPR), and in keeping with the *Professional Practice Standard: Prescribing a Drug* and the *Professional Practice Standard: Dispensing a Drug.*

2. Obtains informed consent from the client when prescribing a drug in an extra-label manner.

3. Understands that a veterinarian has the responsibility to ensure safety, efficacy and, if appropriate, food safety when prescribing extra-label drug use.

4. Prescribes a drug approved for veterinary use as the first drug treatment option where available. Alternatively, prescribes a drug approved for human use. When no approved drug exists and where a therapeutic need has been established, prescribes that a drug be compounded from a drug approved for veterinary use, a drug approved for human use, or (if neither is possible) from an active pharmaceutical ingredient.

5. Meets the requirements of federal and provincial legislation when prescribing or dispensing an extra-label drug for food-producing animals including, but not limited to, banned substances (C.01.610.1), medicated feeds (C.08.012) and violative residues in the *Food and Drug Regulations*.

6. Understands that Health Canada does not recommend extra-label drug use with antimicrobials of Very High Importance in human medicine which are listed as Category I Antimicrobials.[2]

[1] Health Canada, Extra-Label Drug Use (ELDU) in Animals
[2] In the Health Canada Categorization of Antimicrobial Drugs Based on their Importance in Human Medicine

7. Prescribes in an extra-label manner in keeping with current research and evidence for a specific species.

Guide to the Standard

A separate *Guide to the Professional Practice Standard: Extra-Label Drug Use* has been developed by the College and can be found on the Colleges' website www.cvo.org.

Legislative Authority

Food and Drugs Act and Regulations (Federal)
Feeds Act and Regulations (Federal)
Controlled Drugs and Substances Act and Regulations (Federal)
Drug and Pharmacies Regulation Act and Regulations (Provincial)
Drug Interchangeability and Dispensing Fee Act (Provincial)
Veterinarians Act (Provincial)
Regulation 1093, s. 1, 18, 23-33 (*Veterinarians Act*) (Provincial)

Resources

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Prescribing a Drug*
2. *Guide to the Professional Practice Standard: Prescribing a Drug*
3. *Professional Practice Standard: Dispensing a Drug*
4. *Guide to the Professional Practice Standard: Dispensing a Drug*
5. *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
6. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
7. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
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12. *Guide to the Professional Practice Standard: Medical Records*
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14. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

The following additional resources are also applicable:

1. Health Canada Policy on Extra-Label Drug Use (ELDU) in Food Producing Animals
2. Health Canada Categorization of Antimicrobial Drugs Based on their Importance in Human Medicine Health Canada, Extra-Label Drug Use (ELDU) in Animals
3. Alberta Veterinary Medical Association Council Guidelines regarding Prescribing, Dispensing, Compounding and Selling Pharmaceuticals

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GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Extra-Label Drug Use

Published: August 2018

Introduction

Extra-label drug use refers to the use of a drug that is not in accordance with the approved label or the package insert of the drug licensed by Health Canada. Extra-label drug use encompasses a broad range of activities. Extra-label drug use can be a significant component of a veterinarian's practice, and can be essential for certain animal species.

As a drug used in an extra-label manner has not undergone the drug review process at Health Canada that ensures that a drug product has received rigorous scientific scrutiny and satisfies all requirements and criteria that are prescribed by the Food and Drug Regulations, a drug used in an extra-label manner does not have proven safety or efficacy characteristics based on its intended use. According to Health Canada, extra-label drug use presents a number of potential public health and food safety risks, including violative drug residues being present in food products derived from ELDU-treated animals, the emergence and/or aggravation of antimicrobial resistance, and potential adverse reactions to an animal or group of animals since these products may not have been tested appropriately for the intended condition.

Using a question-and-answer format, this *Guide to the Professional Practice Standard: Extra-Label Drug* Use addresses questions and offers suggestions on how to apply the *Professional Practice Standard* in situations that arise in veterinary practice.

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5. What should I do if I wish to use an extra-label drug in a livestock group of animals, but I am unaware of the appropriate withholding time? 4

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Resources **4**

Frequently Asked Questions about General Expectations

1. What constitutes extra-label drug use (ELDU)?

ELDU is the use or intended use of a drug approved by Health Canada in an animal in a manner not in accordance with the label or package insert with respect to species, indication, dose, duration, or route of administration. It also includes the use of all unapproved drugs, including unapproved bulk active pharmaceutical ingredients (APIs) and compounded drugs.

2. Must I always prescribe a drug approved for veterinary use over a drug approved for human use (and an approved drug over a compounded drug)?

When determining which drug to prescribe, a veterinarian uses their clinical judgment to recommend the most appropriate course of treatment for an animal or animals, taking into consideration the following:

- The availability of any approved veterinary drugs for the species in question and condition (on-label use)
- The availability of veterinary drugs or approved human drugs (extra-label use)
- The need for a compounded drug where no approved drug exists, and a therapeutic need is established
- Current research and evidence of available treatments
- Considerations such as side effects, risks, and benefits

3. Do I have to obtain client consent before undertaking ELDU?

Yes. A veterinarian undertaking ELDU is required to obtain informed consent within an existing veterinarian-client-patient relationship.

A veterinarian is permitted to use their professional discretion when determining the threshold for informed consent. Oral consent may be acceptable in cases of lower risk. However, it is recommended that written consent be sought in cases of higher risk.

4. Do I have to obtain informed client consent each time I undertake ELDU for the same drug?

A veterinarian has an ongoing responsibility to consider both the client and circumstance, as well as

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the level of risk, when determining whether or not informed client consent is required each time the same extra-label drug is prescribed.

5. What should I do if I wish to use an extra-label drug in a livestock group of animals, but I am unaware of the appropriate withholding time?

In these circumstances, a veterinarian should consult the Canadian Global Food Animal Residue Avoidance Database (cgFARAD) to obtain the required residue avoidance information.

Legislative Authority

Food and Drugs Act and Regulations (Federal)
Feeds Act and Regulations (Federal)
Controlled Drugs and Substances Act and Regulations (Federal)
Drug and Pharmacies Regulation Act and Regulations (Provincial)
Drug Interchangeability and Dispensing Fee Act (Provincial)
Veterinarians Act (Provincial)
Regulation 1093, s. 1, 18, 23-33 (Veterinarians Act) (Provincial)

Resources

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12. *Professional Practice Standard: Medical Records*
13. *Guide to the Professional Practice Standard: Medical Records*
14. *Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

15. *Guide to the Professional Practice Standard: Establishing, Maintaining and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
16. Health Canada Policy on Extra-Label Drug Use (ELDU) in Food Producing Animals
17. Health Canada Categorization of Antimicrobial Drugs Based on their Importance in Human Medicine
18. Health Canada, Extra-Label Drug Use (ELDU) in Animals
19. Alberta Veterinary Medical Association Council Guidelines regarding Prescribing, Dispensing, Compounding and Selling Pharmaceuticals

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PROFESSIONAL PRACTICE STANDARD

Use of Compounded Drugs in Veterinary Practice

Published: August 2018

Introduction

Unlike licensed veterinary drugs that undergo a strict legislated approval process by the federal Veterinary Drugs Directorate, compounded drugs are not tested or approved by Health Canada and their use may be associated with greater risk to animal care and outcomes. A veterinarian who engages in the preparation of a compounded drug assumes the same responsibility for the quality, stability, safety, efficacy, potency, and any adverse reactions of the compounded drug that a pharmaceutical company assumes for its approved drugs. This accountability exists whether a veterinarian orders compounded drugs through a compounding pharmacy or when they compound independently.

Compounding is extra-label drug use. In Ontario, no individual other than a licensed veterinarian or pharmacist may dispense a compounded drug for administration to animals. Compounding is an accepted veterinary practice and, in certain circumstances, and for some species, may be the most appropriate and effective method of dispensing a drug. A veterinarian wishing to prescribe a compounded drug may compound and dispense the drug him or herself, issue a prescription for a specific compounded drug, or dispense from stock a drug that was purchased from a compounding pharmacy for in-office use.

Veterinarians must ensure that they meet the practice expectations for prescribing and dispensing a drug when compounding.

Definitions

Beyond Use Date: A beyond use date is the date after which a compounded preparation should not be used; determined from the date the preparation is compounded.

Compounding: Compounding is the combining or mixing together of two or more ingredients (of which at least one is a drug or an active pharmaceutical ingredient) to create a final drug in an appropriate form for dosing. It can involve raw materials or the alteration of the form and strength of commercially available drugs. It can include reformulation to allow for a novel drug delivery (e.g., transdermal). Compounding does not include mixing, reconstituting, or any other manipulation that is performed in accordance with the directions for use on an approved drug's labelling material.[1]

Practice Expectations

A veterinarian meets the *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice* when they:

1. Prescribe and dispense a compounded formulation within an existing veterinarian-client-patient relationship, in keeping with the *Professional Practice Standard: Prescribing a Drug, Professional Practice Standard: Dispensing a Drug*, and the *Professional Practice Standard: Extra-Label Drug Use*.

2. Prescribe and dispense a compounded formulation that contains a controlled drug in accordance with the College's *Professional Practice Standard: Management and Disposal of Controlled Drugs*.

3. Understand the risks associated with compounding, and establishes appropriate risk mitigation processes to ensure pharmaceutical safety in animal care.

4. Obtain informed consent from the client for the use of a compounded formulation for the animal(s) or group of animals under care, which includes helping the client understand that the compounded formulation is not approved and that the efficacy of the formulation has not been tested by Health Canada.

[1] Health Canada, *Policy on Manufacturing and Compounding Drug Products in Canada*

5. Use a drug approved for veterinary use, or alternatively a drug approved for human use, rather than an active pharmaceutical ingredient, as the basis for compounding, when possible.

6. Record the information required for a prescription on the label of the compounded formulation when dispensed to a client, with the word “compounded” written on the container. If it is not feasible to include all of the information on the label due to the size of the packaging it must be included on a separate sheet or via a weblink.

7. Understand that they may issue a prescription for a quantity of a compounded formulation in the reasonable expectation of a formerly identified need in a patient or patient group for the purpose of maintaining an inventory of the compounded formulation for in-office use that is reasonably expected to be used before the beyond-use date.

8. Understand that they are solely responsible for establishing and advising the client of the appropriate withholding time when using compounded formulations in food animals. Withholding times should be at least as long as the withholding time recommended by the manufacturer of the drug or substance. Is aware that Canadian global Food Animal Residue Avoidance Databank (CgFARAD) will not provide advice on a withholding period for a compounded drug.

9. Provide a beyond use date of a compounded formulation that is based on known stability data. If a veterinarian purchases a compounded drug from a compounding pharmacy, the pharmacy will provide a beyond use date.

10. Understand that they require a Drug Establishment Licence to import into Canada active pharmaceutical ingredients that are considered medically important antimicrobials (found on List A of the Food and Drug Regulations) for the purpose of compounding. Understand that a veterinarian who imports, manufactures, or compounds an antimicrobial drug which contains antimicrobial active pharmaceutical ingredients contained on List A must submit annual sales reports to Health Canada.

Guide to the Standard

A separate *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice* has been developed by the College and can be found on the Colleges’ website www.cvo.org.

Legislative Authority

Food and Drugs Act and Regulations (Federal)
Feeds Act and Regulations (Federal)
Controlled Drugs and Substances Act and Regulations (Federal)
Drug and Pharmacies Regulation Act and Regulations (Provincial)
Drug Interchangeability and Dispensing Fee Act (Provincial)
Veterinarians Act (Provincial)
Regulation 1093, s. 1, 18, 23-33 (*Veterinarians Act*) (Provincial)

Resources

The following references informed the development of this *Professional Practice Standard:*

Health Canada, Health Products and Food Branch Inspectorate, Policy on Manufacturing and Compounding Drug Products in Canada, POL-0051, January 26, 2009
ABVMA Council Guidelines Regarding Prescribing, Dispensing, Compounding and Selling Pharmaceuticals

The following can be found at the College's website at cvo.org:

1. *Professional Practice Standard: Prescribing a Drug*
2. *Guide to the Professional Practice Standard: Prescribing a Drug*
3. *Professional Practice Standard: Dispensing a Drug*
4. *Guide to the Professional Practice Standard: Dispensing a Drug*
5. *Professional Practice Standard: Extra-Label Drug Use*
6. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
7. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
8. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
9. *Professional Practice Standard: Informed Client Consent*
10. *Guide to the Professional Practice Standard: Informed Client Consent*
11. *Professional Practice Standard: Medical Records*
12. *Guide to the Professional Practice Standard: Medical Records*
13. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*
14. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR)*

The following additional resources are also applicable:

National Association of Pharmacy Regulatory Authorities - Model Standards for Pharmacy Compounding of Non-sterile Preparations https://www.napra.ca/publication/model-standards-for-pharmacy-compounding-of-non-sterile-preparations/

National Association of Pharmacy Regulatory Authorities – Guidance Document for Pharmacy Compounding of Non-sterile Preparations https://www.napra.ca/publication/guidance-document-for-pharmacy-compounding-of-non-sterile-preparations/

Plumb's Veterinary Drugs: www.plumbsveterinarydrugs.com

USP-NF Compounding Compendium: http://www.usp.org/compounding/compounded-preparation-monographs

Trissel's Stability of Compounded Formulations (print book)

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

GUIDE TO THE PROFESSIONAL PRACTICE STANDARD

Use of Compounded Drugs in Veterinary Medicine

Published: August 2018

Introduction

Unlike licensed veterinary drugs that undergo a strict legislated approval process by the federal Veterinary Drugs Directorate, compounded drugs are not tested or approved by Health Canada and their use may be associated with greater risk to animal care and outcomes. A veterinarian who engages in the preparation of a compounded drug assumes the same responsibility for the quality, stability, safety, efficacy, potency, and any adverse reactions of the compounded product that a pharmaceutical company assumes for its approved drugs. This accountability exists whether a veterinarian orders compounded drugs through a compounding pharmacy or when they compound independently.

Compounding is extra-label drug use. In Ontario, no individual other than a licensed veterinarian or pharmacist may dispense a compounded drug for administration to animals. Compounding is an accepted veterinary practice and, in certain circumstances, and for some species, may be the most appropriate and effective method of dispensing a drug. A veterinarian wishing to prescribe a compounded drug may compound and dispense the drug themselves, issue a prescription for a specific compounded drug, or dispense from stock a drug that was purchased from a compounding pharmacy for in-office use.

Using a question-and-answer format, this *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*

addresses questions and offers suggestions on how to apply the *Professional Practice Standard* in situations that arise in veterinary practice.

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Frequently Asked Questions about General Expectations

1. What constitutes a compounded drug?

Compounded drugs are created by any of the following means:

- Manipulating an approved drug to produce a dosage, form, or concentration other than that which is provided for in the directions for use on the labeling. This may be achieved by:
    - Combining two or more drugs to create a new drug;
    - Diluting a drug other than according to the instructions on the label;
    - Mixing to administer by a different route than is recommended on the label or directions for use;
    - Converting an approved medication into a different form (e.g. tablet to liquid, splitting one capsule into two capsules)
    - Adding an unapproved non-drug substance (e.g. flavour base)

2. When is compounding appropriate?

Compounding is appropriate if there is a therapeutic need for a drug and there is no approved drug in the appropriate form for dosing.

3. Who is responsible for the efficacy of a compounded drug?

In the absence of Health Canada regulatory controls, a veterinarian must be aware that, when prescribing a compounded drug, they are responsible for both its potency and purity, as well as for all outcomes, including adverse events (which may include lack of effect).

4. Where an ingredient in a compounded drug includes a controlled drug, is the compounded drug considered a controlled substance?

Yes, where the ingredients in a compounded drug include a controlled substance, the compounded drug is deemed to be a controlled drug, and all relevant regulations apply, including, but not limited to, storage, record keeping, refills and label requirements.

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5. When is compounding not appropriate?

Compounding is not appropriate:

- For the purpose of growth promotion or performance enhancement;
- Where there is an equally appropriate drug available, without a comprehensive informed consent discussion about the risks involved;
- To circumvent legitimate drug-approval processes;
- When a component off the compounded drug is banned for use in food producing animals for which the compounded drug is prescribed and dispensed;
- To sell to third parties
- where the compounding activity constitutes "manufacturing" according to Health Canada, unless the veterinarian is licensed to do so. See Health Canada's "Policy on Manufacturing and Compounding Drug Products in Canada" (POL-0051) for details.

6. Is a veterinarian required to report adverse reactions to compounded products?

There are no regulations requiring a veterinarian to report adverse drug reactions. Health Canada encourages veterinarians to monitor and report adverse reactions to the Veterinary Drugs Directorate when a compounded product is implicated.

7. How is compounding distinct from manufacturing?

Health Canada's Policy 0051, Manufacturing and Compounding Drug Products in Canada, describes the circumstances differentiating compounding and manufacturing. Manufacturing includes: preparation of product beyond the usual needs of a practice, preparation of drug product in the absence of an established veterinarian-client-patient relationship, and resale of a compounded drug to third parties, including other veterinarians or pharmacies.

Frequently Asked Questions about Informed Consent

8. What are the expectations that a veterinarian must meet to achieve informed consent when prescribing, dispensing or administering a compounded drug?

A veterinarian must document that the client provided informed consent when a compounded drug is prescribed or administered by the veterinarian or dispensed for administration by the client. At a minimum, the client should be advised of the following:

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- The drug has not been federally approved (i.e., has not gone through the government approval process);
- The efficacy of the drug is not necessarily known;
- Any risks that my be incurred when handling the drug; and
- Any commonly expected side effects that the animal may demonstrate

9. Are there situations when client consent is not required when dispensing or administering a compounded project?

Procedures that routinely utilize compounded drugs for analgesic and anesthesia purposes (such as IV ketamine/diazepam, for the induction of general anesthesia; diluted narcotics, for pain control; diluted dexamethasone, for diagnostic tests; and combinations of a tranquilizer plus a narcotic, for balanced sedation) are generally accepted practices within the profession. In these situations, separate client consent is not required as long as their use is in accordance with published data in refereed journals, veterinary textbooks, or recommendations from recognized experts.

Frequently Asked Questions about In-Office Use

10. Can a veterinarian dispense compounded drugs that they have obtained for in-office use?

A veterinarian may compound or obtain a compounded product from a pharmacist for use within their accredited veterinary facility. In these cases, the prescription and product label should state that it is for clinic use. Practitioners may re-dispense these products to individual animals or groups of animals, where a veterinarian-client-patient relationship exists, as long as a record is made noting the original pharmacy that prepared the product and the prescription number. This will allow for trace-back to the original pharmacy and batch in the event of concerns arising with respect to the product.

Legislative Authority

Food and Drugs Act and Regulations (Federal)
Feeds Act and Regulations (Federal)
Controlled Drugs and Substances Act and Regulations (Federal)
Drug and Pharmacies Regulation Act and Regulations (Provincial)
Drug Interchangeability and Dispensing Fee Act (Provincial)
Veterinarians Act (Provincial) Regulation 1093, s. 1, 18, 23-33 (Veterinarians Act) (Provincial)

Resources

The following can be found at their links or at the College's website at cvo.org:

1. Policy on Extra-Label Drug Use in Food Producing Animals, Health Canada, 2015.
2. Position Statement: Extra-label Drug Use (ELDU), Canadian Veterinary Medical Association, 2021
3. Veterinary Oversight of Antimicrobial Use – A Pan-Canadian Framework of Professional Standards for Veterinarians, Canadian Veterinary Medical Association
4. *Professional Practice Standard: Prescribing a Drug*
5. *Guide to the Professional Practice Standard: Prescribing a Drug*
6. *Professional Practice Standard: Dispensing a Drug*
7. *Guide to the Professional Practice Standard: Dispensing a Drug*
8. *Professional Practice Standard: Extra-Label Drug Use*
9. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
10. *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
11. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
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POSITION STATEMENT

Veterinary Stewardship of the Responsible Use of Antimicrobials Drugs in Animals

Published: October 17, 2017

Introduction

Antimicrobial resistance is a complex and evolving global public health issue. Resistance to antimicrobial drugs is increasing as a result of the cumulative effects of their widespread and extensive use in both animal and human medicine. This position statement has been developed to assist the public and veterinarians in understanding the College Council's position related to promoting and supporting veterinary stewardship, both at the level of the profession and of the individual veterinarian, in the responsible use of antimicrobial drugs in animals.

Position Statement

The authority to prescribe drugs is a privilege that is afforded to few professions. The right to both prescribe and dispense is afforded to even fewer. With this right comes the responsibility to prescribe and dispense in accordance with the standards of practice for the profession.

The increase in antimicrobial resistance has placed an even higher societal duty on the veterinary profession to act as stewards with respect to the prudent and responsible use of antimicrobial drugs.

Every veterinarian has a valuable role to play in the effort to combat antimicrobial resistance and to preserve the effectiveness of antimicrobial drugs and their availability for both veterinary and human use. As part of good stewardship, the College expects a veterinarian to assume an active leadership role by ensuring his or her understanding of the need for antimicrobial oversight, the existing government directives, the evolving science related to pharmaceuticals, and the most appropriate current use of antimicrobial drugs with a specific species.

A veterinarian must only prescribe antimicrobial drugs within a veterinarian-client-patient relationship (VCPR) and where strong clinical evidence demonstrates medical need.

The College encourages its licensed members to be aware that responsible use of antimicrobial drugs is crucial for preserving their efficacy. It is important for veterinarians to be vigilant in their oversight and to remain ever-cognizant that there are risks as well as benefits associated with antimicrobial use for the greater public good.

The College endeavors to support veterinarians with resources that advance antimicrobial stewardship when performing any professional activity. The College will continually seek to understand and assume its role with partners at the provincial, national, and international level to combat the spread of antimicrobial resistance.

Resources

World Organization for Animal Health, Antimicrobial Resistance (https://www.woah.org/en/what-we-do/global-initiatives/antimicrobial-resistance/)

Canadian Veterinary Medical Association, *Veterinary Oversight of Antimicrobial Use – a Pan-Canadian Framework of Professional Standards for Veterinarians* (https://www.canadianveterinarians.net/media/zvtlw03q/veterinary-oversight-of-antimicrobial-use-a-pan-canadian-framework-for-professional-standards-for-veterinarians-pdf.pdf)

Growing Forward 2, Antibiotic Use in Food-Producing Animals in Ontario: A Study of the Current Practices and Perceptions of Ontario Veterinarians (https://viewer.joomag.com/growing-forward-2-final-report/0699825001446228188)

Health Canada, Categorization of Antimicrobial Drugs Based on Importance in Human Medicine, 2009 (https://www.canada.ca/en/health-canada/services/drugs-health-products/veterinary-drugs/antimicrobial-resistance/categorization-antimicrobial-drugs-based-importance-human-medicine.html)

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Ontario

Français

Veterinarians Act

R.S.O. 1990, CHAPTER V.3

Consolidation Period: From October 19, 2021 to the e-Laws currency date.

Last amendment: 2021, c. 25, Sched. 27, s. 5.

Legislative History: [+]

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Interpretation

1 (1) In this Act,

"Board" means the Health Professions Appeal and Review Board under the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998*; ("Commission")

"by-laws" means the by-laws made under this Act; ("règlements administratifs")

"certificate of accreditation" means a certificate of accreditation issued under this Act to establish or operate a veterinary facility; ("certificat d'agrément")

"certificate of authorization" means a certificate of authorization issued under this Act authorizing the professional corporation named in it to engage in the practice of veterinary medicine; ("certificat d'autorisation")

"College" means the College of Veterinarians of Ontario; ("Ordre")

"Council" means the Council of the College; ("conseil")

"drug" means drug as defined in subsection 117 (1) of the *Drug and Pharmacies Regulation Act*; ("médicament")

"impaired", in relation to a person, means suffering from a physical or mental condition or disorder of a nature and extent that adversely affects the person's ability to practice veterinary medicine; ("affaibli")

"licence" means a licence to engage in the practice of veterinary medicine issued under this Act; ("permis")

"Minister" means the Minister of Agriculture, Food and Rural Affairs; ("ministre")

"practice of veterinary medicine" includes the practice of dentistry, obstetrics including ova and embryo transfer, and surgery, in relation to an animal other than a human being; ("exercice de la médecine vétérinaire")

"professional corporation" means a corporation incorporated under the *Business Corporations Act* that holds a valid certificate of authorization issued under this Act; ("société professionnelle")

"Registrar" means the Registrar of the College; ("registrateur")

"regulations" means the regulations made under this Act; ("règlements")

"veterinary facility" means a building, land or vehicle or any combination of them used or intended to be used as a place in or from which to engage in the practice of veterinary medicine. ("établissement vétérinaire") R.S.O. 1990, c. V.3, s. 1 (1); 1998, c. 18, Sched. G, s. 73 (2, 3); 2000, c. 42, Sched., s. 45; 2009, c. 33, Sched. 1, s. 26 (1); 2009, c. 33, Sched. 18, s. 17 (2).

Hearings and submissions
(2) Despite the *Statutory Powers Procedure Act*, no board, committee, person or group of persons shall be required to hold a hearing or to afford to any person an opportunity to appear or to make submissions before making a decision or proposal, giving a direction or otherwise disposing of a matter under this Act except to the extent that a hearing or an opportunity to appear or to make submissions is specifically required by this Act. R.S.O. 1990, c. V.3, s. 1 (2).

Section Amendments with date in force (d/m/y) [+]

Name
2 The Ontario Veterinary Association, a body corporate, is continued as a corporation without share capital under the name College of Veterinarians of Ontario in English and the name Ordre des vétérinaires de l'Ontario in French. R.S.O. 1990, c. V.3, s. 2.

Objects
3 (1) The principal object of the College is to regulate the practice of veterinary medicine and to govern its members in accordance with this Act, the regulations and the by-laws in order that the public interest may be served and protected.

Idem
(2) For the purpose of carrying out its principal object, the College has the following additional objects:

1. To establish, maintain and develop standards of knowledge and skill among its members.
2. To establish, maintain and develop standards of qualification and standards of practice for the practice of veterinary medicine.
3. To establish, maintain and develop standards of professional ethics among its members.
4. To promote public awareness of the role of the College.
5. To perform such other duties and exercise such other powers as are imposed or conferred on the College under any Act.

Capacity and powers of College
(3) For the purpose of carrying out its objects, the College has the capacity and the powers of a natural person. R.S.O. 1990, c. V.3, s. 3.

Council
4 (1) The council of the Ontario Veterinary Association is continued as the Council of the College and shall be the governing body and board of directors of the College and shall manage and administer its affairs. R.S.O. 1990, c. V.3, s. 4 (1).

Composition
(2) The Council shall be composed of,

(a) not fewer than nine and not more than fifteen persons who are members of the College and are elected by the members of the College in the number and manner provided by by-law of the Council; and

(b) not fewer than three and not more than five persons who are not members of the governing body of a self-regulating licensing body under any other Act or licensed under this Act and who are appointed by the Lieutenant Governor in Council. R.S.O. 1990, c. V.3, s. 4 (2).

Remuneration of lay members
(3) The persons appointed under clause (2) (b) shall be paid, out of the money appropriated therefor by the Legislature, such expenses and remuneration as are determined by the Lieutenant Governor in Council. R.S.O. 1990, c. V.3, s. 4 (3).

Term of office
(4) The term of an appointment under clause (2) (b) must not exceed three years. R.S.O. 1990, c. V.3, s. 4 (4).

Reappointment
(5) A person whose appointment under clause (2) (b) expires is eligible for reappointment but no person shall be appointed and reappointed for more than six consecutive years. R.S.O. 1990, c. V.3, s. 4 (5).

Qualifications
(6) Every member of the College who,

(a) practises or resides in Ontario;

(b) is the holder of a licence that is not limited to the practice of veterinary medicine for educational purposes only;

(c) is not in default of an annual fee set by the by-laws; and

(d) is not in default of filing a return required under the by-laws,

is qualified to vote at an election of members of the Council for the constituency to which the member of the College belongs. R.S.O. 1990, c. V.3, s. 4 (6); 2006, c. 19, Sched. A, s. 17 (1).

Officers
(7) The Council shall elect annually a president and one or more vice-presidents of the College from among the elected members of the Council. R.S.O. 1990, c. V.3, s. 4 (7).

Registrar and staff
(8) The Council shall appoint a Registrar, and the Executive Committee may appoint such other persons as are from time to time necessary or desirable in the opinion of the Executive Committee to perform the work of the College. R.S.O. 1990, c. V.3, s. 4 (8).

Quorum
(9) A majority of the members of the Council constitutes a quorum. R.S.O. 1990, c. V.3, s. 4 (9).

Vacancies
(10) Where one or more vacancies occur in the membership of the Council, the members remaining in office constitute the Council so long as their number is not fewer than a quorum. R.S.O. 1990, c. V.3, s. 4 (10).

(11) REPEALED: 2006, c. 19, Sched. A, s. 17 (2).

Section Amendments with date in force (d/m/y) [+]

Membership
5 (1) Every person who holds a licence is a member of the College subject to any conditions and limitations to which the licence is subject. R.S.O. 1990, c. V.3, s. 5 (1).

Resignation of membership
(2) A member may resign his or her membership by filing with the Registrar a resignation in writing and the member's licence is thereupon cancelled. R.S.O. 1990, c. V.3, s. 5 (2).

Cancellation for default of fees
(3) The Registrar may cancel a licence for non-payment of any fee set by the by-laws or for failure to file a return required under the by-laws after giving the member at least two months notice of the default and intention to cancel. 2006, c. 19, Sched. A, s. 17 (3).

Continuing jurisdiction
(4) A person whose licence is cancelled, revoked, suspended or terminated remains subject to the continuing jurisdiction of the College in respect of,

(a) an investigation or disciplinary action arising out of his or her conduct while a member; and

(b) an inquiry or proceeding related to whether the person is impaired. R.S.O. 1990, c. V.3, s. 5 (4); 2006, c. 19, Sched. A, s. 17 (4).

Section Amendments with date in force (d/m/y) [+]

Professional corporations
5.1 Subject to the by-laws, a member or two or more members practising veterinary medicine as individuals or as a partnership may establish a professional corporation for the purpose of practising veterinary medicine, and the provisions of the *Business Corporations Act* that apply to professional corporations within the meaning of that Act apply to such a corporation. 2000, c. 42, Sched., s. 46; 2001, c. 8, s. 247; 2006, c. 19, Sched. A, s. 17 (5).

Section Amendments with date in force (d/m/y) [+]

Registry
5.2 (1) The Registrar shall establish and maintain a register of professional corporations that have been issued certificates of authorization. 2000, c. 42, Sched., s. 46.

Contents of registry
(2) The Register shall contain the information required under the by-laws. 2006, c. 19, Sched. A, s. 17 (6).

Section Amendments with date in force (d/m/y) [+]

Notice of change of shareholder
5.3 A professional corporation shall notify the Registrar within the time and in the form and manner determined under the by-laws of a change in the shareholders of the corporation. 2006, c. 19, Sched. A, s. 17 (7).

Section Amendments with date in force (d/m/y) [+]

Application of Act, etc.
5.4 This Act, the regulations and the by-laws apply to a member despite the fact that the member practises veterinary medicine through a professional corporation. 2000, c. 42, Sched., s. 46.

Section Amendments with date in force (d/m/y) [+]

Professional, fiduciary and ethical obligations to clients
5.5 (1) The professional, fiduciary and ethical obligations of a member to a person on whose behalf the member is practising veterinary medicine,

(a) are not diminished by the fact that the member is practising veterinary medicine through a professional corporation; and

(b) apply equally to the corporation and to its directors, officers, shareholders, agents and employees. 2000, c. 42, Sched., s. 46; 2001, c. 8, s. 250 (1).

Powers when conduct reviewed, etc.
(2) If an action or the conduct of a member practising on behalf of a professional corporation is the subject of a review, hearing, investigation or inquiry under this Act, any power that may be exercised in respect of the member may be exercised in respect of the corporation. 2001, c. 8, s. 250 (2).

Liability when conduct reviewed, etc.
(3) If an action or the conduct of a member practising on behalf of a professional corporation is the subject of a review, hearing, investigation or inquiry under this Act, the corporation is jointly and severally liable with the member for all fines, costs and expenses that the member is ordered to pay. 2001, c. 8, s. 250 (2).

Section Amendments with date in force (d/m/y) [+]

Conflict in duties
5.5.1 If there is a conflict between a member's duty to a client, the College or the public and the member's duty to a professional corporation as a director or officer of the corporation, the duty to the client, the College or the public prevails. 2001, c. 8, s. 251.

Section Amendments with date in force (d/m/y) [+]

Restrictions apply to corporation's certificate
5.6 A condition or limitation imposed on the licence of a member practising veterinary medicine through a professional corporation applies to the corporation's certificate of authorization in relation to the practice of veterinary medicine through the member. 2000, c. 42, Sched., s. 46.

Section Amendments with date in force (d/m/y) [+]

Powers of Minister
6 (1) In addition to the Minister's other powers and duties under this Act, the Minister may,

(a) review the activities of the Council;

(b) request the Council to undertake activities that, in the opinion of the Minister, are necessary and advisable to carry out the intent of this Act;

(c) advise the Council with respect to the implementation of this Act and the regulations and with respect to the methods used or proposed to be used by the Council to implement policies and to enforce its regulations and procedures;

(d) request the Council to make, amend or revoke regulations respecting any matter under section 7 or the standards for veterinary facilities established under section 8. R.S.O. 1990, c. V.3, s. 6.

Minister's regulations
(2) The Minister may by regulation prescribe provisions of the *Not-for-Profit Corporations Act, 2010* that apply to the College. 2010, c. 15, s. 247 (1).

Section Amendments with date in force (d/m/y) [+]

Regulations
7 (1) Subject to the approval of the Lieutenant Governor in Council and with prior review by the Minister, the Council may make regulations with respect to the following matters:

1. Prescribing classes of licences and governing the qualifications and requirements for the issuance of licences or any class thereof and prescribing the conditions and limitations thereof.
2. Respecting any matter ancillary to the provisions of this Act with regard to the issuance, cancellation, suspension and revocation of licences.
3. Respecting any matter ancillary to the provisions of this Act with regard to the issuance, renewal, suspension and revocation of certificates of accreditation.
4. Prescribing classes of certificates of accreditation and governing the qualifications and requirements for the issuance and renewal of certificates of accreditation or any class thereof and prescribing the conditions and limitations thereof.

4.1 Governing the practice of veterinary medicine through professional corporations, including (without limiting the generality of the foregoing) requiring the certification of those corporations, governing the issuance, renewal, suspension and revocation of certificates of authorization, governing the conditions and limitations that may be imposed on certificates and governing the names of those corporations and the notice to be given of a change in the shareholders of those corporations.

5. Providing for the designation of members of the College as specialists, prescribing the qualifications and requirements for designation as a specialist, providing for the suspension or revocation of such a designation and for the regulation and prohibition of the use of the designation by members of the College.

6. Governing the use of names and designations in the practice of veterinary medicine by members of the College.

7. Authorizing entries in, and the form of maintenance of, registers of members and former members of the College and directories of veterinary facilities and providing for the issuance of certificates of standing by the Registrar.

8. Prescribing and governing standards of practice for the profession.

9. Regulating the compounding, dispensing and sale of drugs by members of the College, and the containers and labelling of drugs compounded, dispensed or sold by members, and prescribing the records that shall be kept in respect of such compounding, dispensing and sale.

10. Establishing a special category of membership for retired members and determining the rights, privileges, duties and obligations of such members.

11. Respecting the promotion or advertising of the practice of veterinary medicine.

12. Prohibiting the practice of veterinary medicine where there is a conflict of interest and defining conflict of interest for the purpose.

13. Defining professional misconduct for the purposes of this Act.

14. Respecting the reporting and publication of decisions in disciplinary matters.

15. Requiring the payment of annual fees by members of the College, fees for processing applications, licensing, certificates, examinations and inspections, including penalties for late payment, prompt payment discounts and interest on late payments and fees for anything the Registrar is required or authorized to do, and prescribing the amounts thereof.

16. Requiring the making of returns of information by members of the College in respect of names, addresses, telephone numbers, professional associates, partners, employees and professional activities.

17. Providing for the compilation of statistical information on the supply, distribution, professional liability insurance and professional activities of members of the College and requiring members to provide the information necessary to compile such statistics.

18. Requiring and providing for the inspection of veterinary facilities and of the records kept by members of the College in connection with the practice of veterinary medicine.

19. Authorizing the communication of material that comes to a person's knowledge in the course of duties, employment, examination, review or investigation to specified classes of persons or for specified purposes.

20. Respecting the duties and authority of the Registrar.

21. Prescribing and requiring the making and keeping of records by members of the College in respect of the practice of veterinary medicine.

22. Exempting any member of the College from any provision of the regulations under such special circumstances in the public interest as the Council considers advisable.

23. Providing that any form required under this Act be in a form approved by the Registrar. R.S.O. 1990, c. V.3, s. 7 (1); 2001, c. 8, s. 252.

Application

(2) A regulation made under subsection (1) may be general or particular in its application. R.S.O. 1990, c. V.3, s. 7 (2).

Adoption of accreditation

(3) For the purpose of prescribing the qualifications and requirements for the issuance of licences or the issuance and renewal of certificates of accreditation, the Council, in a regulation under subsection (1) or a standard under subsection 8 (1), may adopt as its own the recognition or accreditation granted by any organization specified by the Council. R.S.O. 1990, c. V.3, s. 7 (3).

Distribution of regulations

(4) The Council shall,

(a) forward a copy of each regulation made under subsection (1) to each member of the College; and

(b) keep a copy of each regulation made under subsection (1) available for public inspection in the office of the College. R.S.O. 1990, c. V.3, s. 7 (4).

Regulations by Lieutenant Governor in Council

(5) Where the Minister requests in writing under clause 6 (d) that the Council make, amend or revoke a regulation or standard and the Council has failed to do so within sixty days after the request, the Lieutenant Governor in Council may make regulations respecting the subject-matter set out in the request. R.S.O. 1990, c. V.3, s. 7 (5).

Conflicting provisions

(6) In cases of conflict, a regulation made under subsection (5) prevails over a regulation or standard made under subsection (1) or 8 (1) respectively. R.S.O. 1990, c. V.3, s. 7 (6).

Section Amendments with date in force (d/m/y) [+]

Standards for veterinary facilities

8 (1) The Council may establish standards for veterinary facilities not inconsistent with this Act and the regulations which must be met in order to qualify for the issuance or renewal of a certificate of accreditation or any class thereof.

Distribution of standards

(2) The Council shall forward a copy of the standards established under subsection (1) to the Minister and to each member of the College and shall keep a copy available for public inspection in the office of the College. R.S.O. 1990, c. V.3, s. 8.

By-laws

9 (1) The Council may pass by-laws relating to the administrative and domestic affairs of the College not inconsistent with this Act and the regulations and, without limiting the generality of the foregoing, may pass by-laws respecting the following matters:

1. Prescribing the seal and other insignia of the College and providing for their use.
2. Providing for the execution of documents by the College.
3. Respecting banking and finance.
4. Fixing the financial year of the College and providing for the audit of the accounts and transactions of the College.
5. Prescribing the number of vice-presidents of the College, prescribing procedures for the election of the president and vice-presidents and for the filling of vacancies in those offices.
6. Respecting the calling, holding and conducting of meetings of the Council and the duties of members of the Council.
7. Respecting the calling, holding and conducting of meetings of the membership of the College.

7.1 Providing that a meeting of the Council or of members or a meeting of a committee or panel that is held for any purpose other than for the conducting of a hearing may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.

7.2 Prescribing what constitutes a conflict of interest for members of the Council or of a committee and regulating or prohibiting the carrying out of the duties of those members in cases in which there is a conflict of interest.

8. Providing for the remuneration of members of the Council and members of committees other than members appointed by the Lieutenant Governor in Council, and providing for payment of necessary expenses of the Council and committees in the conduct of their business.
9. Providing for the appointment, composition, powers, duties and quorums of additional or special committees.
10. Providing for the appointment of persons to make investigations for the purposes of this Act.
11. Providing procedures for the making, amending and revoking of by-laws.
12. Respecting management of the property of the College.
13. Respecting the application of the funds of the College and the investment and reinvestment of any of its funds not immediately required, and for the safekeeping of its securities.
14. Respecting the borrowing of money by the College and the giving of security therefor.
15. Respecting membership of the College in other organizations the objects of which are not inconsistent with and are complementary to those of the College, the payment of annual assessments and provision for representatives at meetings.
16. Delegating to the Executive Committee the powers and duties set out in the by-laws, but this paragraph does not authorize the delegation of the power to make, amend or revoke a regulation or a by-law.

16.1 Governing the practice of veterinary medicine through professional corporations, including requiring the certification of those corporations, governing the issuance, renewal, suspension and revocation of certificates of authorization, governing the conditions and limitations that may be imposed on certificates and governing the names of those corporations and the notice to be given of a change in the shareholders of those corporations.

16.2 Requiring the payment of annual fees by members of the College, fees for processing applications, licensing, certificates, examinations, inspections and election recounts, including penalties for late payment, interest on late payments, discounts for prompt payment and fees for anything the Registrar is required or authorized to do, and setting the amounts of any required payment.

16.3 Requiring members to give the College their home addresses and whatever other information about themselves and their professional activities that the by-law specifies, including the places where they practise the profession, the services they provide there and the names, business addresses, telephone numbers, facsimile numbers and electronic mail addresses of their associates, partners, employers and employees and specifying the form and manner in which the members shall give the information.

16.4 Providing for the compilation of statistical information on the supply, distribution, professional liability insurance coverage and professional activities of members of the College and requiring members to provide the information necessary to compile those statistics.

17. Fixing the number of members to be elected to the Council under clause 4 (2) (a) and defining constituencies, and prescribing the number of representatives.
18. Respecting and governing the qualifications, nomination, election and term or terms of office of the members to be elected to the Council, and controverted elections.

19. Prescribing the conditions disqualifying elected members from sitting on the Council and governing the filling of vacancies on the Council. R.S.O. 1990, c. V.3, s. 9 (1); 2000, c. 42, Sched., s. 47; 2001, c. 8, s. 253; 2006, c. 19, Sched. A, s. 17 (10, 11).

Signed by-laws and resolutions
(2) A by-law or resolution of the Council signed by a majority of the members of the Council is as valid as if passed at a meeting of the Council held for that purpose. R.S.O. 1990, c. V.3, s. 9 (2).

Circulation of by-laws
(3) The Council shall not pass a by-law unless it circulates the proposed by-law to every member of the College at least 60 days before passing it. 2006, c. 19, Sched. A, s. 17 (12).

Exception
(3.1) With the approval of the Minister, the Council may exempt a by-law from the requirement set out in subsection (3) or may abridge the 60-day period mentioned in that subsection. 2006, c. 19, Sched. A, s. 17 (12).

Distribution of by-laws
(4) The Council shall,

(a) forward a copy of each by-law confirmed under subsection (3) to the Minister and to each member of the College; and

(b) keep a copy of each by-law confirmed under subsection (3) available for public inspection in the office of the College. R.S.O. 1990, c. V.3, s. 9 (4).

Section Amendments with date in force (d/m/y) [+]

Establishment of committees
10 (1) The following committees are hereby established:

1. Executive Committee.
2. Accreditation Committee.
3. Registration Committee.
4. Complaints Committee.
5. Discipline Committee. R.S.O. 1990, c. V.3, s. 10 (1).

Idem
(2) The Council shall appoint the committees referred to in subsection (1) and may establish and appoint such other committees as it considers necessary. R.S.O. 1990, c. V.3, s. 10 (2); 1998, c. 18, Sched. G, s. 73 (4).

Vacancies
(3) Where one or more vacancies occur in the membership of a committee, the members remaining in office constitute the committee so long as their number is not fewer than the prescribed quorum.

Person to chair
(4) The Council shall name one member of each committee to chair the committee.

Term
(5) No person shall be appointed and reappointed to the same committee for more than six consecutive years. R.S.O. 1990, c. V.3, s. 10 (3-5).

Section Amendments with date in force (d/m/y) [+]

Licence required
11 (1) No person shall engage in the practice of veterinary medicine or hold himself, herself or itself out as engaging in the practice of veterinary medicine unless the person is the holder of a licence. R.S.O. 1990, c. V.3, s. 11 (1).

Exceptions
(2) Subsection (1) does not apply to prevent a person,

(a) from rendering first aid or temporary assistance in an emergency without fee;

(b) from treating an animal if the person is the owner of the animal, is a member of the household of the owner of the animal or is employed for general agricultural or domestic work by the owner of the animal;

(c) from taking blood samples;

(d) from preventing or treating fish and invertebrate diseases;

(e) from collecting or using semen for the purposes of a business that engages in the artificial insemination of livestock;

(f) from collecting or transporting ova and embryos of animals other than mammals. R.S.O. 1990, c. V.3, s. 11 (2); 2006, c. 19, Sched. A, s. 17 (13).

Idem, student
(3) Subsection (1) does not apply to a student of veterinary medicine to the extent that the student is engaging in the undergraduate curriculum of studies at the Ontario Veterinary College of the University of Guelph. R.S.O. 1990, c. V.3, s. 11 (3).

Interpretation of owner
(4) For the purpose of clause (2) (b), a person is not the owner of an animal if the person buys the animal, treats it and resells it or intended to resell it to either the person who sold it to him or her or to that person's nominee. R.S.O. 1990, c. V.3, s. 11 (4).

Proof of practice
(5) For the purposes of this section, proof of the performance of one act in the practice of veterinary medicine on one occasion is sufficient to establish engaging in the practice of veterinary medicine. R.S.O. 1990, c. V.3, s. 11 (5).

Application of Drug and Pharmacies Regulation Act
(6) The *Drug and Pharmacies Regulation Act* does not apply to prevent a person who holds a licence from compounding, dispensing or selling drugs in the course of engaging in the practice of veterinary medicine. R.S.O. 1990, c. V.3, s. 11 (6); 1998, c. 18, Sched. G, s. 73 (5).

Sale of drugs
(7) Regulations made under the *Animal Health Act, 2009* do not apply to prevent a person who holds a licence from selling a drug in the course of engaging in the practice of veterinary medicine to an owner of livestock for the treatment of livestock. 2009, c. 31, s. 71.

Section Amendments with date in force (d/m/y) [+]

Executive Committee
12 (1) The Executive Committee shall be composed of five members of the Council, including,

(a) the president and one or two vice-presidents of the College; and

(b) not more than three other members of the Council of whom one shall be a member of the Council appointed to the Council by the Lieutenant Governor in Council.

Quorum
(2) Three members of the Executive Committee constitute a quorum.

Functions
(3) The Executive Committee shall perform such functions of the Council as are delegated to it by the Council, the by-laws or this Act.

Other functions
(4) Subject to ratification by the Council at its next meeting, the Executive Committee, between meetings of the Council, may perform any other function of the Council that, in the opinion of the Executive Committee, must be performed immediately.

Limitation
(5) Subsection (4) does not apply to authorize the Executive Committee to make, amend or revoke a regulation, a by-law or a standard described under subsection 8 (1). R.S.O. 1990, c. V.3, s. 12.

Registration Committee
13 (1) The Registration Committee shall be composed of five persons of whom,

(a) not fewer than three shall be members of the Council elected to the Council by the members of the College;

(b) one shall be a member of the Council appointed to the Council by the Lieutenant Governor in Council; and

(c) one may be a member of the College who is not a member of the Council.

Quorum
(2) Three members of the Registration Committee constitute a quorum. R.S.O. 1990, c. V.3, s. 13.

Issuance of licence
14 (1) Subject to subsections (2) and (3), the Registrar shall issue a licence to any person who applies therefor in accordance with the regulations and who meets the qualifications and requirements prescribed by the regulations.

Grounds for refusal
(2) The Registrar shall refuse to issue a licence where, in the opinion of the Registrar,

(a) the applicant does not meet the qualifications and requirements for the issuance of the licence;

(b) the past conduct of the applicant affords reasonable ground for believing that the applicant will not engage in the practice of veterinary medicine with honesty and integrity; or

(c) there is reasonable ground for believing that the applicant is impaired.

Referral to Registration Committee
(3) The Registrar, on his or her own initiative, may refer and on the request of the applicant shall refer the application to the Registration Committee for a determination as to any of the matters mentioned in clauses (2) (a), (b) and (c).

Power of Registration Committee
(4) The Registration Committee shall determine the eligibility of applicants for licences referred to the Registration Committee under subsection (3) and may in any such case require an applicant to obtain such additional experience, education or training as the Registration Committee specifies.

Exemption
(5) The Registration Committee may exempt an applicant from compliance with any qualification or requirement for a licence.

Directions to Registrar
(6) The Registration Committee, after considering an application for a licence, may direct the Registrar,

(a) to issue the licence;

(b) to refuse to issue the licence; or

(c) to issue the licence subject to the conditions and limitations the Registration Committee specifies. R.S.O. 1990, c. V.3, s. 14.

Certificate of accreditation required
15 No person shall establish or operate a veterinary facility except under and in accordance with a certificate of accreditation. R.S.O. 1990, c. V.3, s. 15.

Accreditation Committee
16 (1) The Accreditation Committee shall be composed of five persons of whom,

(a) not fewer than three shall be members of the Council elected to the Council by the members of the College;

(b) one shall be a member of the Council appointed to the Council by the Lieutenant Governor in Council; and

(c) one may be a member of the College who is not a member of the Council.

Quorum
(2) Three members of the Accreditation Committee constitute a quorum. R.S.O. 1990, c. V.3, s. 16.

Issuance of certificate of accreditation
17 (1) Subject to subsections (2) and (3), the Registrar shall issue or renew a certificate of accreditation upon the application of a member of the College who applies therefor if the applicant and the veterinary facility meet the qualifications, requirements and standards prescribed by the regulations and by the Council for the proposed veterinary facility.

Grounds for refusal
(2) The Registrar shall refuse to issue or renew a certificate of accreditation where, in the opinion of the Registrar, the applicant or the veterinary facility does not meet the qualifications, requirements and standards prescribed by the regulations and by the Council for the proposed veterinary facility.

Referral to Accreditation Committee
(3) The Registrar, on his or her own initiative, may refer and on the request of the applicant shall refer the application to the Accreditation Committee for a determination as to whether or not the applicant or the facility or both meet the qualifications, requirements and standards prescribed by the regulations and by the Council for the proposed veterinary facility.

Exemption
(4) The Accreditation Committee may exempt an applicant or veterinary facility from compliance with any qualification, requirement or standard for a certificate of accreditation.

Directions to Registrar
(5) The Accreditation Committee shall determine the eligibility of applicants and facilities for certificates of accreditation that are referred to the Accreditation Committee under subsection (3) and, after considering an application for the issuance or renewal of a certificate of accreditation, may direct the Registrar,

(a) to issue or to renew the certificate of accreditation;

(b) to refuse to issue or to renew the certificate of accreditation; or

(c) to issue or to renew the certificate of accreditation subject to the conditions and limitations the Accreditation Committee specifies. R.S.O. 1990, c. V.3, s. 17.

Hearing
18 (1) Where,

(a) the Registration Committee proposes to direct the Registrar to refuse to issue a licence or proposes to direct the Registrar to issue a licence subject to conditions or limitations; or

(b) the Accreditation Committee proposes to direct the Registrar to refuse to issue or to refuse to renew a certificate of accreditation, or proposes to direct the Registrar to issue or to renew a certificate of accreditation subject to conditions or limitations,

the Registrar on behalf of the committee shall serve notice of the proposal, together with written reasons therefor, on the applicant. R.S.O. 1990, c. V.3, s. 18 (1); 1998, c. 18, Sched. G, s. 73 (6).

Exception

(2) Subsection (1) does not apply in respect of a proposal to refuse to issue a licence where the applicant previously held a licence that was suspended or revoked as a result of a decision of the Discipline Committee, a decision of the Registration Committee or a decision of the council of the Ontario Veterinary Association under a predecessor of this Act. R.S.O. 1990, c. V.3, s. 18 (2).

Appeal to Board

(3) An applicant who has been given a notice under subsection (1) may require the Board to hold a review of the application and the documentary evidence in support of it, or a hearing of the application, by giving the Board and the Registration Committee or the Accreditation Committee, as the case may be, notice in accordance with subsection (4).

Requirements of notice

(4) A notice under subsection (3) shall be a written notice, given within 30 days after the notice under subsection (1) was given, specifying whether a review or a hearing is required.

Proposal, etc., to Board

(5) If the Registration Committee or the Accreditation Committee receives a notice that an applicant requires a hearing or review, it shall, within 15 days after receiving the notice, give the Board a copy of the proposal made with respect to the application, the reasons for it and the documents and things upon which the proposal was based.

Extension of time limits

(6) If the Board is satisfied that no person will be unduly prejudiced, it may, on reasonable grounds, extend the time limit for requiring a review or hearing by the Board.

When proposal may be carried out

(7) A proposal described in clause (1) (a) or (b) may be carried out only when,

(a) the applicant has given the Registrar notice that the applicant will not be requiring a review or hearing;

(b) 35 days have passed since the notice of the proposal was given under subsection (1) without the applicant requiring a review or hearing; or

(c) the Board has confirmed the proposal. 1998, c. 18, Sched. G, s. 73 (7).

(8) REPEALED: 1998, c. 18, Sched. G, s. 73 (7).

(9) REPEALED: 1998, c. 18, Sched. G, s. 73 (7).

Powers of Board re licence

(10) The Board shall, after the hearing or review in respect of a licence,

(a) confirm the proposed decision of the Registration Committee;

(b) require the Registration Committee to direct the Registrar to issue a licence of the appropriate class subject to such conditions and limitations as the Board considers appropriate in cases where the Board finds that the applicant meets the qualifications and requirements for registration and that the Committee has exercised its powers improperly; or

(c) refer the matter back to the Registration Committee for further consideration, and the Board may make such recommendations as it considers appropriate in the circumstances. R.S.O. 1990, c. V.3, s. 18 (10); 1998, c. 18, Sched. G, s. 73 (1).

Powers of Board re certificate of accreditation

(11) The Board shall, after the hearing or review in respect of a certificate of accreditation,

(a) confirm the proposed decision of the Accreditation Committee;

(b) require the Accreditation Committee to direct the Registrar to issue or renew a certificate of accreditation for the appropriate class of veterinary facility subject to such conditions and limitations as the Board considers appropriate in cases where the Board finds that the applicant and the veterinary facility meet the qualifications, requirements and standards for the issuance or renewal of the certificate of accreditation and that the Committee has exercised its powers improperly; or

(c) refer the matter back to the Accreditation Committee for further consideration, and the Board may make such recommendations as it considers appropriate in the circumstances. R.S.O. 1990, c. V.3, s. 18 (11); 1998, c. 18, Sched. G, s. 73 (1).

(12) REPEALED: 1998, c. 18, Sched. G, s. 73 (8).

Parties

(13) The College and the applicant who has required the hearing are parties to proceedings before the Board under this section. R.S.O. 1990, c. V.3, s. 18 (13); 1998, c. 18, Sched. G, s. 73 (1).

(14)-(19) REPEALED: 1998, c. 18, Sched. G, s. 73 (8).

Section Amendments with date in force (d/m/y) [+]

Hearings public

18.1 (1) A hearing by the Board under section 18 shall, subject to subsection (2), be open to the public.

Exclusion of public

(2) The Board may make an order that the public be excluded from a hearing or any part of it if the Board is satisfied that,

(a) matters involving public security may be disclosed;

(b) financial or personal or other matters may be disclosed at the hearing of such a nature that the desirability of avoiding public disclosure of those matters in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that hearings be open to the public;

(c) a person involved in a criminal proceeding or in a civil suit or proceeding may be prejudiced; or

(d) the safety of a person may be jeopardized.

Orders preventing public disclosure

(3) In situations in which the Board may make an order that the public be excluded from a hearing, it may make orders it considers necessary to prevent the public disclosure of matters disclosed at the hearing, including orders prohibiting the publication or broadcasting of those matters.

Public information may be disclosed

(4) No order shall be made under subsection (3) that prevents the publication of anything that is contained in the register and available to the public.

Exclusion of public

(5) The Board may make an order that the public be excluded from the part of a hearing dealing with a motion for an order under subsection (2).

Orders with respect to matters in submissions

(6) The Board may make any order necessary to prevent the public disclosure of matters disclosed in the submissions relating to any motion described in subsection (5), including prohibiting the publication or broadcasting of those matters.

Reasons for order, etc.

(7) The Board shall ensure that any order it makes under this section and its reasons are available to the public in writing.

Reconsidering of order

(8) The Board may reconsider an order made under subsection (2) or (3) at the request of any person or on its own motion. 1998, c. 18, Sched. G, s. 73 (9).

Section Amendments with date in force (d/m/y) [+]

Exception to closed hearings

18.2 If a Board makes an order under subsection 18.1 (2) wholly or partly because of the desirability of avoiding disclosure of matters in the interest of a person affected, the Board may allow the person and his or her personal representative to attend the hearing. 1998, c. 18, Sched. G, s. 73 (9).

Section Amendments with date in force (d/m/y) [+]

Procedure for hearings, reviews

18.3 (1) This section applies with respect to the procedure for hearings and reviews by the Board under section 18.

Findings of fact in a hearing

(2) The findings of fact in a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act*.

Findings of fact in a review

(3) The findings of fact in a review shall be based exclusively on the application and documentary evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act*.

Disclosure of evidence against member
(4) Evidence against a member is not admissible at a hearing or review unless the member is given, at least 10 days before the hearing or review,

(a) in the case of written or documentary evidence, an opportunity to examine the evidence;

(b) in the case of evidence of an expert, the identity of the expert and a copy of the expert's written report or, if there is no written report, a written summary of the evidence; or

(c) in the case of evidence of a witness, the identity of the witness.

Exception
(5) The Board may, in its discretion, allow the introduction of evidence that is inadmissible under subsection (4) and may make directions it considers necessary to ensure that the member is not prejudiced.

Disclosure of evidence of expert
(6) Evidence of an expert led by a person other than the College is not admissible unless the person gives the College, at least 10 days before the hearing or review, the identity of the expert and a copy of the expert's written report or, if there is no written report, a written summary of the evidence.

Exception
(7) The Board may, in its discretion, allow the introduction of evidence that is inadmissible under subsection (5) and may make directions it considers necessary to ensure that the College is not prejudiced.

Release of documents and things
(8) The Board shall release documents and things put into evidence or received by the Board at a hearing or review to the person who produced them, on request, within a reasonable time after the matter in issue has been finally determined.

Members of Board who participate
(9) Only the members of the Board who were present throughout a hearing or review shall participate in the Board's decision.

When member not to participate
(10) No member of the Board who has taken part in the investigation of what is to be the subject matter of the Board's hearing or review shall participate in the hearing or review.

No communication by Board members
(11) No member of the Board participating in a hearing or review shall communicate outside the hearing or review, in relation to the subject matter of the hearing or review, with a party or the party's representative unless the other party has been given notice of the subject matter of the communication and an opportunity to be present during the communication.

Transcript of hearings
(12) The Board shall ensure that, for a hearing,

(a) the oral evidence given at the hearing is recorded;

(b) copies of the transcript of the hearing are available to a party on the party's request at the party's expense; and

(c) copies of the transcript of any part of the hearing that is not the subject of an order prohibiting publication are available to any person at that person's expense.

Application of SPPA provisions to reviews
(13) The following provisions of the *Statutory Powers Procedure Act* apply with necessary modifications to a review by the Board:

1. Section 21.1 (correction of errors).
2. Section 25.1 (rules). 1998, c. 18, Sched. G, s. 73 (9).

Section Amendments with date in force (d/m/y) [+]

Registers and directories
Registers
19 (1) The Registrar shall maintain one or more registers in which is entered,

(a) the name of every person to whom a licence is issued;

(b) any designation of a member of the College as a specialist and any withdrawal of recognition of the member's specialist status;

(c) any conditions or limitations imposed on a licence by a committee;

(d) any revocation, suspension, cancellation or termination of a licence;

(e) the fact and amount of a fine imposed by the Discipline Committee and the fact of a reprimand by the Discipline Committee, unless the Discipline Committee directs that no entry be made;

(f) where an entry results from a decision of a committee, the name of the committee that made the decision and any finding of the committee resulting in the entry;

(f.1) information that a member of the College consents to be entered in a register;

(g) the date of the decision or order that results in an entry under this subsection; and

(h) any other information authorized to be entered by the regulations. R.S.O. 1990, c. V.3, s. 19 (1); 2006, c. 19, Sched. A, s. 17 (14).

Directories

(2) The Registrar shall maintain one or more directories in which is entered the name of every person who is the holder of a certificate of accreditation identifying the location and class of the veterinary facility for which the certificate of accreditation is issued, the conditions and limitations attached to the certificate of accreditation, the date of expiry of the certificate of accreditation, every revocation or suspension of a certificate of accreditation and any other information authorized to be entered by the regulations. R.S.O. 1990, c. V.3, s. 19 (2).

Inspection

(3) Any person has the right, during normal business hours, to inspect the registers and directories maintained by the Registrar. R.S.O. 1990, c. V.3, s. 19 (3).

Form of registers and directories

(4) The Registrar may maintain the registers and directories mentioned in subsections (1) and (2) in the form of books or may maintain them in any electronic or other medium that provides a visual display of recorded information. R.S.O. 1990, c. V.3, s. 19 (4).

Section Amendments with date in force (d/m/y) [+]

Continuation of memberships

20 Every person who was a member, other than a life member, of the Ontario Veterinary Association immediately before the 4th day of April, 1990 shall be deemed to be the holder of a licence subject to the terms, conditions and limitations that applied to the person's registration, and is a member of the College. R.S.O. 1990, c. V.3, s. 20.

Continuation of certificates of accreditation

21 Every certificate of accreditation issued under the *Veterinarians Act*, being chapter 522 of the Revised Statutes of Ontario, 1980, and in force immediately before the 4th day of April, 1990 shall be deemed to be a certificate of accreditation issued under this Act subject to the terms, conditions and limitations that applied to it immediately before the 4th day of April, 1990. R.S.O. 1990, c. V.3, s. 21.

Referral of certificate of accreditation

22 (1) The Registrar may refer a certificate of accreditation to the Accreditation Committee where the Registrar is of the opinion that there is reasonable ground for believing that,

(a) the holder of the certificate of accreditation or the veterinary facility in respect of which the certificate of accreditation was issued has ceased to meet the qualifications, requirements and standards prescribed by the regulations and by the Council for the issuance or renewal of the certificate of accreditation;

(b) the veterinary facility in respect of which the certificate of accreditation was issued is being used or has been used in contravention of a term, condition or limitation of the certificate of accreditation; or

(c) the veterinary facility in respect of which the certificate of accreditation was issued is being used or has been used as a veterinary facility of a class other than the class for which the certificate of accreditation was issued or renewed.

Hearing

(2) The Accreditation Committee shall appoint a time for, give notice of and hold a hearing to determine the allegation in respect of the certificate of accreditation or the holder thereof.

Powers of Accreditation Committee

(3) Where the Accreditation Committee finds that an allegation mentioned in clause (1) (a), (b) or (c) is valid, the Accreditation Committee may, by order,

(a) revoke the certificate of accreditation;

(b) suspend the certificate of accreditation for a stated period not exceeding two years;

(c) suspend the certificate of accreditation pending the demonstration, in such manner as the Committee specifies, of compliance with such standards as are specified by the Committee;

(d) change the class of veterinary facility authorized by the certificate of accreditation; or

(e) impose such conditions and limitations or such further conditions and limitations on the certificate of accreditation as are specified by the Committee,

or any combination thereof.

Procedures

(4) Subsections 28 (5) to (15) and section 29, which relate to proceedings before the Discipline Committee, apply with necessary modifications to proceedings before the Accreditation Committee under subsection (2).

Parties
(5) The College and the holder of the certificate of accreditation in respect of which the hearing is held are parties to the hearing before the Accreditation Committee under subsection (2).

Other proceedings
(6) The jurisdiction of the Discipline Committee is not affected by the commencement of proceedings or the making of an order under this section. R.S.O. 1990, c. V.3, s. 22.

Complaints Committee
23 (1) The Complaints Committee shall be composed of not fewer than three and not more than ten persons of whom,

(a) at least one is a member of the Council appointed to the Council by the Lieutenant Governor in Council; and

(b) the others are members of the College, of whom at least one, but not the majority, is a member of the Council. R.S.O. 1990, c. V.3, s. 23 (1).

Eligibility
(2) A member of the Complaints Committee who takes part in the consideration or investigation of a complaint regarding the conduct of a member or former member of the College is not eligible to take part as a member of the Discipline Committee in proceedings before the Discipline Committee in respect of the same conduct of the member or former member of the College. R.S.O. 1990, c. V.3, s. 23 (2).

Panels
(2.1) The chair of the Complaints Committee may appoint panels composed of at least three members of the Complaints Committee, at least one of whom is a person whom the Lieutenant Governor in Council has appointed to the Council, to consider and investigate a complaint. 2006, c. 19, Sched. A, s. 17 (15).

Simultaneous panels
(2.2) The Complaints Committee may sit in two or more panels simultaneously so long as a quorum of the Committee is present in each panel. 2006, c. 19, Sched. A, s. 17 (15).

Quorum
(3) Three members of a panel, one of whom is a person appointed to the Council by the Lieutenant Governor in Council, constitute a quorum. 2006, c. 19, Sched. A, s. 17 (16).

Section Amendments with date in force (d/m/y) [+]

Duties of Complaints Committee
24 (1) The Complaints Committee shall consider and investigate complaints made by members of the public or members of the College regarding the conduct of a member or former member of the College, but no action shall be taken by the Committee under subsection (2) unless,

(a) a written complaint has been filed with the Registrar and the member or former member whose conduct is being investigated has been notified of the complaint and given at least two weeks in which to submit in writing to the Committee any explanations or representations the member or former member may wish to make concerning the matter; and

(b) the Committee has examined or has made every reasonable effort to examine all records and other documents relating to the complaint.

Idem
(2) The Complaints Committee in accordance with the information it receives may,

(a) direct that the matter be referred, in whole or in part, to the Discipline Committee or, for the purposes of section 33, be brought to the attention of the Registrar;

(b) direct that the matter not be referred to the Discipline Committee or brought to the attention of the Registrar under clause (a); or

(c) take such action as it considers appropriate in the circumstances and that is not inconsistent with this Act or the regulations or by-laws.

Decision and reasons
(3) The Complaints Committee shall give its decision in writing to the Registrar and, where the decision is made under clause (2) (b) or (c), its reasons therefor.

Advice
(4) The Complaints Committee may require the member or former member whose conduct was considered or investigated by the Committee to appear before the Committee and the Committee may provide the member or former member with advice in respect of the practice of veterinary medicine. R.S.O. 1990, c. V.3, s. 24.

Complaint in bad faith, etc.
(5) If the Complaints Committee considers a complaint to be frivolous, vexatious, made in bad faith or otherwise an abuse of process, it shall give the complainant and the member notice that it intends to take no action with respect to the complaint and that the complainant and the member have a right to make written submissions within 30 days after receiving the notice.

Same

(6) If the Complaints Committee is satisfied, after considering the written submissions of the complainant and the member that a complaint was frivolous, vexatious, made in bad faith or otherwise an abuse of process, the Committee shall not take action with respect to the complaint. 1998, c. 18, Sched. G, s. 73 (10).

Section Amendments with date in force (d/m/y) [+]

Review of complaints decision

25 (1) Where the Complaints Committee has made a disposition of a complaint respecting a member or former member of the College under section 24, the Registrar shall send to the member or former member and to the complainant, by mail, by registered mail or by courier service, a copy of the written decision made by the Committee including reasons therefor, if any, together with notice advising of the right of review under subsection (2). R.S.O. 1990, c. V.3, s. 25 (1); 2009, c. 33, Sched. 1, s. 26 (2).

Initiating a review

(2) A complainant or the member or former member of the College complained against who is not satisfied with the decision made by the Complaints Committee disposing of a complaint, except a decision to refer a matter to the Discipline Committee or to bring a matter to the attention of the Registrar, may within 30 days of the receipt of the written decision request the Board to review the decision. R.S.O. 1990, c. V.3, s. 25 (2); 1998, c. 18, Sched. G, s. 73 (1, 11).

Review by Board

(3) Subject to subsections (4), (5) and (6), the Board shall review a decision of a panel of the Complaints Committee if the Board receives a request under subsection (2). 1998, c. 18, Sched. G, s. 73 (12).

When no review

(4) The Board shall not review a decision if the party who requested the review withdraws the request and the other party consents. 1998, c. 18, Sched. G, s. 73 (12).

Requests in bad faith, etc.

(5) If the Board considers a request to review a decision to have been frivolous, vexatious, made in bad faith or otherwise an abuse of process, it shall give the parties notice that it intends not to proceed with the review and that the parties have a right to make written submissions within 30 days after receiving the notice. 1998, c. 18, Sched. G, s. 73 (12).

Same

(6) If the Board is satisfied, after considering any written submissions of the parties made within the 30-day period referred to in subsection (5), that a request was frivolous, vexatious, made in bad faith or otherwise an abuse of process, the Board shall not review the decision. 1998, c. 18, Sched. G, s. 73 (12).

Record of investigation to be reviewed

(7) If the Board is requested to review a decision, the Registrar shall give the Board, within 15 days after the Board's request, a record of the investigation and the documents and things upon which the decision was based. 1998, c. 18, Sched. G, s. 73 (12).

Disclosure

(8) Before reviewing a decision, the Board shall disclose to the parties everything given to it by the Registrar. 1998, c. 18, Sched. G, s. 73 (12).

Exceptions

(9) The Board may refuse to disclose anything that may, in its opinion,

(a) disclose matters involving public security;

(b) undermine the integrity of the complaint investigation and review process;

(c) disclose financial or personal or other matters of such a nature that the desirability of avoiding their disclosure in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that disclosure be made;

(d) prejudice a person involved in a criminal proceeding or in a civil suit or proceeding; or

(e) jeopardize the safety of any person. 1998, c. 18, Sched. G, s. 73 (12).

Release of documents and things

(10) The Board shall release documents and things put into evidence or received by the Board at a review to the person who produced them, on request, within a reasonable time after the matter in issue has been finally determined. 1998, c. 18, Sched. G, s. 73 (12).

Conduct of review

(11) In conducting a review, the Board shall consider either or both of,

(a) the adequacy of the investigation conducted; or

(b) the reasonableness of the decision. 1998, c. 18, Sched. G, s. 73 (12).

Procedure
(12) In conducting a review, the Board,

(a) shall give the party requesting the review an opportunity to comment on the matters set out in clauses (11) (a) and (b) and the other party an opportunity to respond to those comments;

(b) may require the College to send a representative;

(c) may question the parties and the representative of the College;

(d) may permit the parties to make representations with respect to issues raised by any questions asked under clause (c); and

(e) shall not allow the parties or the representative of the College to question each other. 1998, c. 18, Sched. G, s. 73 (12).

No communication by Board members
(13) No member of the Board participating in a review shall communicate outside the review, in relation to the subject matter of the review, with a party or the party's representative unless the other party has been given notice of the subject matter of the communication and an opportunity to be present during the communication. 1998, c. 18, Sched. G, s. 73 (12).

Application of SPPA provisions to reviews
(14) The following provisions of the *Statutory Powers Procedure Act* apply with necessary modifications to a review by the Board:

1. Section 4 (waiver of procedural requirement).
2. Section 4.1 (disposition of proceeding without hearing).
3. Section 5.1 (written hearings).
4. Section 5.2 (electronic hearings).
5. Section 5.3 (pre-hearing conferences).
6. Section 21 (adjournments).
7. Section 21.1 (correction of errors).
8. Section 25.1 (rules). 1998, c. 18, Sched. G, s. 73 (12).

Section Amendments with date in force (d/m/y) [+]

Reviews by Board public
25.1 (1) A review by the Board under section 25 shall, subject to subsection (2), be open to the public.

Exclusion of public
(2) The Board may make an order that the public be excluded from a review or any part of it if the Board is satisfied that,

(a) matters involving public security may be disclosed;

(b) financial or personal or other matters may be disclosed at the review of such a nature that the desirability of avoiding public disclosure of those matters in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that reviews be open to the public;

(c) a person involved in a criminal proceeding or in a civil suit or proceeding may be prejudiced; or

(d) the safety of a person may be jeopardized.

Orders preventing public disclosure
(3) In situations in which the Board may make an order that the public be excluded from a review, it may make orders it considers necessary to prevent the public disclosure of matters disclosed at the review, including orders prohibiting the publication or broadcasting of those matters.

Public information may be disclosed
(4) No order shall be made under subsection (3) that prevents the publication of anything that is contained in the register.

Exclusion of public
(5) The Board may make an order that the public be excluded from the part of a review dealing with a motion for an order under subsection (2).

Orders with respect to matters in submissions
(6) The Board may make any order necessary to prevent the public disclosure of matters disclosed in the submissions relating to any motion described in subsection (5), including prohibiting the publication or broadcasting of those matters.

Reasons for order, etc.
(7) The Board shall ensure that any order it makes under this section and its reasons are available to the public in writing.

Reconsidering of order
(8) The Board may reconsider an order made under subsection (2) or (3) at the request of any person or on its own motion. 1998, c. 18, Sched. G, s. 73 (13).

Section Amendments with date in force (d/m/y) [+]

Exception to closed reviews

25.2 If a Board makes an order under subsection 25.1 (2) wholly or partly because of the desirability of avoiding disclosure of matters in the interest of a person affected, the Board may allow the person and his or her personal representative to attend the review. 1998, c. 18, Sched. G, s. 73 (13).

Section Amendments with date in force (d/m/y) [+]

Investigation of complaint by Board

26 Where a complaint respecting a member or former member of the College has not been disposed of by the Complaints Committee within 120 days after the complaint is made, the Board upon application therefor may require the Complaints Committee to make an investigation and, where the investigation of the complaint has not been undertaken, completed and reported on to the Board by the Committee within 120 days after the Board's request, the Board shall undertake such investigation and possesses all the powers of investigation of the Complaints Committee under this Act. R.S.O. 1990, c. V.3, s. 26; 1998, c. 18, Sched. G, s. 73 (1).

Section Amendments with date in force (d/m/y) [+]

Extension of time limits

26.1 (1) If the Board is satisfied that no person will be unduly prejudiced, it may, on reasonable grounds, extend any time limit with respect to,

(a) the obligation, under section 26, of the Complaints Committee to dispose of a complaint against a member;

(b) a Registrar's obligation to give to the Board, under subsection 25 (7), a record of an investigation of a complaint against a member and the documents and things upon which a decision was made with respect to the complaint; or

(c) a request, under subsection 25 (2), for a review by the Board.

Limitation

(2) The Board shall not extend the time limit set out in subsection 25 (7) for more than 60 days. 1998, c. 18, Sched. G, s. 73 (14).

Section Amendments with date in force (d/m/y) [+]

Powers of Board after review or investigation of complaint

27 (1) The Board may, after review or investigation of a complaint under section 25 or 26,

(a) confirm all or part of the decision, if any, made by the Complaints Committee;

(b) make such recommendations to the Complaints Committee as the Board considers appropriate; or

(c) require the Complaints Committee to take such action or proceeding as the Committee is authorized to undertake under this Act. R.S.O. 1990, c. V.3, s. 27 (1); 1998, c. 18, Sched. G, s. 73 (1, 15).

Decision and reasons

(2) The Board shall give its decision and reasons therefor in writing to the complainant, the member of the College complained against and the Complaints Committee. 1998, c. 18, Sched. G, s. 73 (16).

(3) REPEALED: 1998, c. 18, Sched. G, s. 73 (16).

Section Amendments with date in force (d/m/y) [+]

Discipline Committee

28 (1) The Discipline Committee shall be composed of not fewer than 10 persons of whom,

(a) at least two are persons whom the Lieutenant Governor in Council has appointed as members of the Council; and

(b) the others are members of the College, of whom at least three are members of the Council. 2006, c. 19, Sched. A, s. 17 (17).

Quorum

(2) A majority of the members of the Discipline Committee, at least one of whom is a person whom the Lieutenant Governor in Council has appointed as a member of the Council, constitutes a quorum. 2006, c. 19, Sched. A, s. 17 (17).

Panels

(3) The chair of the Discipline Committee may appoint panels composed of at least three members of the Committee, at least one of whom is a person whom the Lieutenant Governor in Council has appointed as a member of the Council and at least one of whom is person who is both a member of the College and a member of the Council, to hear,

(a) allegations of a member's professional misconduct or serious neglect for which the Executive Committee or the Complaints Committee has directed the Discipline Committee to hold a hearing under subsection 30 (1); or

(b) an application that the Registrar has referred to the Committee under subsection 37 (5). 2006, c. 19, Sched. A, s. 17 (17).

Simultaneous panels
(3.1) The Discipline Committee may sit in two or more panels simultaneously if a quorum is present in each panel. 2006, c. 19, Sched. A, s. 17 (17).

Quorum of panel
(3.2) Three members of a panel of the Discipline Committee, at least one of whom is a person whom the Lieutenant Governor in Council has appointed as a member of the Council and at least one of whom is a person who is both a member of the College and a member of the Council, constitute a quorum of the panel. 2006, c. 19, Sched. A, s. 17 (17).

Votes
(3.3) All disciplinary decisions of a panel of the Committee require a vote of a majority of the members of the panel present at the hearing. 2006, c. 19, Sched. A, s. 17 (17).

Assignment
(4) The person chairing the Discipline Committee shall assign the members of the Committee to its panels and may change an assignment at any time. R.S.O. 1990, c. V.3, s. 28 (4).

Expiry of member's term of office
(5) Where a proceeding is commenced before the Discipline Committee and the term of office on the Council or on the Committee of a person sitting for the hearing expires or is terminated, other than for cause, before the proceeding has been disposed of but after evidence has been heard, the person shall be deemed to remain a member of the Committee for the purpose of completing the proceeding in the same manner as if the person's term of office had not expired or been terminated. R.S.O. 1990, c. V.3, s. 28 (5).

Disability of member
(6) Where the Discipline Committee commences a hearing and any member thereof becomes unable to continue to act, the remaining members may complete the hearing despite the absence of the member or members and may render a decision as effectually as if all members of the Committee were present throughout the hearing, despite the absence of a quorum of the Committee. R.S.O. 1990, c. V.3, s. 28 (6).

Findings of facts
(7) The findings of fact of the Discipline Committee pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act*. R.S.O. 1990, c. V.3, s. 28 (7).

Examination of documentary evidence
(8) A party to a hearing before the Discipline Committee shall be afforded an opportunity to examine before the hearing any written or documentary evidence that will be produced or any report the contents of which will be given in evidence at the hearing. R.S.O. 1990, c. V.3, s. 28 (8).

Delivery of expert witness report
(9) A party to a hearing before the Discipline Committee who intends to call an expert witness at the hearing shall, at least ten days before the commencement of the hearing, deliver to the other party a report, signed by the expert, setting out his or her name, address and qualifications and the substance of his or her proposed testimony. R.S.O. 1990, c. V.3, s. 28 (9).

Exception for expert testimony
(10) An expert witness shall not testify at a hearing before the Discipline Committee unless subsection (9) has been complied with, except,

(a) with the permission of the Committee;

(b) with the consent of the other party; or

(c) to give reply evidence. R.S.O. 1990, c. V.3, s. 28 (10).

Members holding hearing not to have taken part in investigation, etc.
(11) Members of the Discipline Committee holding a hearing shall not have taken part before the hearing in any investigation or consideration of the subject-matter of the hearing other than as a member of the Council or the Executive Committee considering the referral of the matter to the Discipline Committee or at a previous hearing of the Committee, and shall not communicate directly or indirectly in relation to the subject-matter of the hearing with any person or with any party or any party's representative except upon notice to and opportunity for all parties to participate, but the Committee may seek legal advice from an adviser independent from the parties and, in such case, the nature of the advice shall be made known to the parties in order that they may make submissions as to the law. R.S.O. 1990, c. V.3, s. 28 (11).

Recording of evidence
(12) The oral evidence taken before the Discipline Committee at a hearing shall be recorded and, if so required, copies of a transcript of the oral evidence shall be furnished upon the same terms as in the Superior Court of Justice. R.S.O. 1990, c. V.3, s. 28 (12); 2006, c. 19, Sched. C, s. 1 (1).

Only members at hearing to participate in decision
(13) No member of the Discipline Committee shall participate in a decision of the Committee following upon a hearing unless he or she was present throughout the hearing and heard the evidence and argument of the parties. R.S.O. 1990, c. V.3, s. 28 (13).

Release of documentary evidence
(14) Documents and things put in evidence at a hearing shall, upon the request of the person who produced them, be released to the person within a reasonable time after the matter in issue has been finally determined. R.S.O. 1990, c. V.3, s. 28 (14).

Practice and procedure
(15) The Discipline Committee may determine its own practice and procedure in relation to hearings and may, subject to section 25.1 of the *Statutory Powers Procedure Act*, make rules governing such practice and procedure and the exercise of its powers in relation thereto that are not inconsistent with this Act and may prescribe such forms as are considered advisable. R.S.O. 1990, c. V.3, s. 28 (15); 2006, c. 19, Sched. A, s. 17 (18).

Parties
(16) The College and the member or former member of the College whose conduct is being investigated are parties to the proceedings before the Discipline Committee. R.S.O. 1990, c. V.3, s. 28 (16).

Section Amendments with date in force (d/m/y) [+]

Publication prohibited
29 (1) No person shall,

(a) take or attempt to take a photograph, motion picture, audio or video recording or other record capable of producing visual or aural representations by any means,

(i) of any person at a hearing of the Discipline Committee,

(ii) of any person entering or leaving a hearing of the Discipline Committee, or

(iii) of any person in the building in which a hearing of the Discipline Committee is held, where there is reasonable ground for believing that the person is there for the purpose of attending the hearing; or

(b) publish, broadcast, reproduce or otherwise disseminate a photograph, motion picture, audio or video recording or record taken in contravention of clause (a). R.S.O. 1990, c. V.3, s. 29 (1).

Exception
(2) Subsection (1) does not apply to,

(a) a person unobtrusively making handwritten notes or sketches at a hearing;

(b) a solicitor or party unobtrusively making an audio recording at a hearing that is used only as a substitute for handwritten notes for the purposes of the hearing;

(c) a person taking a photograph, motion picture, audio or video recording or other record with the authorization of the Discipline Committee for any purpose of the hearing; or

(d) a person taking a photograph, motion picture, audio or video recording or other record with the authorization of the Discipline Committee and the consent of the parties and of the witnesses to be recorded, for such educational or instructional purposes as the Committee approves. R.S.O. 1990, c. V.3, s. 29 (2).

Identification prohibited
(3) No person shall publish by any means the name of a member or former member of the College who is a party to a hearing by the Discipline Committee or any information which could reasonably serve to identify the member or former member,

(a) unless the member or former member consents to such publication; or

(b) until the Discipline Committee completes the hearing and makes a decision that is required by subsection 19 (1) to be entered in a register. R.S.O. 1990, c. V.3, s. 29 (3).

Exception
(4) Despite subsection (3), the Registrar may notify any person who, in the Registrar's opinion, is interested in a Discipline Committee hearing into the conduct of a member or former member of the College of the time and place of the hearing and, in so doing, may identify the member or former member. R.S.O. 1990, c. V.3, s. 29 (4).

Application of section
(5) This section applies instead of section 29 of the *Statutory Powers Procedure Act*. 2021, c. 25, Sched. 27, s. 5 (1).

Section Amendments with date in force (d/m/y) [+]

Reference to Discipline Committee
30 (1) The Council or the Executive Committee, by resolution, may direct the Discipline Committee to hold a hearing and determine any allegation of professional misconduct or serious neglect on the part of a member or former member of the College specified in the resolution.

Duties of Discipline Committee
(2) The Discipline Committee shall,

(a) when so directed by the Council, the Executive Committee or the Complaints Committee, hear and determine allegations of professional misconduct or serious neglect against a member or former member of the College;

(b) hear and determine matters referred to it under section 37; and

(c) perform such other duties as are assigned to it by the Council.

Professional misconduct

(3) A member or former member of the College shall be found guilty of professional misconduct by the Discipline Committee if,

(a) the member or former member has been found guilty of an offence relevant to the suitability to practise veterinary medicine, upon proof of such finding;

(b) the member's or former member's rights or privileges related to the practice of veterinary medicine under an Act of the Parliament of Canada or of the Legislature of Ontario, other than this Act, or the regulations thereunder, have been restricted or withdrawn, unless by the request of the member or former member, upon proof thereof;

(c) there has been a finding of professional misconduct or serious neglect, or a like finding, against the member or former member by a veterinary authority in another jurisdiction, upon proof of such finding; or

(d) the member or former member has been guilty in the opinion of the Committee of professional misconduct as defined in the regulations.

Serious neglect

(4) A member or former member of the College shall be found guilty of serious neglect by the Discipline Committee if the member or former member has displayed in his or her professional care of an animal a lack of knowledge, skill or judgment or disregard for the welfare of the animal of a nature or to an extent that demonstrates the member or former member is unfit to engage in the practice of veterinary medicine or is fit to engage in the practice of veterinary medicine only subject to the conditions and limitations imposed by the Discipline Committee.

Powers of Discipline Committee

(5) Where the Discipline Committee finds a member or former member of the College guilty of professional misconduct or serious neglect, it may by order,

(a) revoke the licence of the member;

(b) withdraw recognition of the specialist status of the member;

(c) suspend the licence of the member or suspend recognition of the specialist status of the member, or both, for a stated period or pending the demonstration of such facts as are specified by the Committee;

(d) impose such conditions and limitations upon the licence of the member for such period of time as is specified by the Committee or pending the demonstration of such facts as are specified by the Committee;

(e) impose such fine as the Committee considers appropriate, to a maximum of $5,000, to be paid by the member or former member to the Treasurer of Ontario for payment into the Consolidated Revenue Fund;

(f) reprimand the member or former member;

(g) direct that the imposition of a penalty be suspended or postponed for such period and upon such terms as the Committee designates,

or any combination thereof. R.S.O. 1990, c. V.3, s. 30 (1-5).

Costs

(6) If the Discipline Committee is of the opinion that the commencement of proceedings was unwarranted, it may make an order requiring the College to pay all or part of the member's, or former member's, legal costs.

Same

(6.1) In an appropriate case, the Discipline Committee may make an order requiring a member or former member who is found guilty of professional misconduct or of serious neglect by the Committee to pay all or part of the following costs and expenses:

1. The College's legal costs and expenses.
2. The College's costs and expenses incurred in investigating the matter.
3. The College's costs and expenses incurred in conducting the hearing. 1998, c. 18, Sched. G, s. 73 (17).

Register entries

(7) Where the Discipline Committee imposes a fine or reprimands a member or former member, the Committee may direct that the fact and amount of the fine or the fact of the reprimand not be entered in a register required to be kept under subsection 19 (1). R.S.O. 1990, c. V.3, s. 30 (7).

Section Amendments with date in force (d/m/y) [+]

Publication and service of decision of Discipline Committee

31 (1) Where the Discipline Committee finds a member or former member of the College guilty of professional misconduct or serious neglect,

(a) the Registrar shall publish the finding, with or without the reasons therefor, in a publication of the College; and

(b) the Registrar shall serve a copy of the decision upon the person, if any, complaining in respect of the conduct or actions of the member or former member.

When name is published

(2) If the finding of the Discipline Committee is required by subsection 19 (1) to be recorded in a register, the Registrar shall include the name of the member or former member in the publication required under clause (1) (a).

When name is not published

(3) If the Discipline Committee directs that no entry be made in a register, the Registrar shall not include the name of the member or former member in the publication required under clause (1) (a). R.S.O. 1990, c. V.3, s. 31.

Stay of decision on appeal
Serious neglect

32 (1) Where the Discipline Committee revokes or suspends a licence, withdraws or suspends recognition of specialist status or imposes conditions or limitations upon a licence on the ground of serious neglect, the decision takes effect immediately even if an appeal is taken from the decision, unless the court to which the appeal is taken otherwise orders.

Professional misconduct

(2) Where the Discipline Committee revokes or suspends a licence, withdraws or suspends recognition of specialist status or imposes conditions or limitations upon a licence on the ground of professional misconduct, the order does not take effect until the time for appeal from the order has expired without an appeal being taken or, if taken, the appeal has been disposed of or abandoned. R.S.O. 1990, c. V.3, s. 32.

Procedures, impairment of member
Definition

33 (1) In this section,

"board of inquiry" means a board of inquiry appointed by the Executive Committee under subsection (2). R.S.O. 1990, c. V.3, s. 33 (1).

Board of inquiry

(2) Where the Registrar receives information leading the Registrar to believe that a member of the College may be impaired, the Registrar shall make such inquiry as he or she considers appropriate and report to the Executive Committee which may, upon notice to the member of the College, appoint a board of inquiry composed of at least two members of the College and one member of the Council appointed thereto by the Lieutenant Governor in Council. R.S.O. 1990, c. V.3, s. 33 (2).

Examination

(3) The board of inquiry shall make such inquiries as it considers appropriate and may require the member of the College to submit to physical and mental examinations by such qualified persons as the board of inquiry designates, but not to more than one examination in each area of medical specialty and if the member of the College refuses or fails to submit to such examinations, the board of inquiry may order that the member's licence be suspended until he or she complies. R.S.O. 1990, c. V.3, s. 33 (3).

Hearing by Registration Committee

(4) The board of inquiry shall report its findings to the Executive Committee and deliver a copy thereof and a copy of any report obtained under subsection (3) to the member of the College about whom the report is made and if, in the opinion of the Executive Committee, the evidence so warrants, the Executive Committee shall refer the matter to the Registration Committee to hold a hearing and may suspend the member's licence until the determination of whether or not the member is impaired becomes final. R.S.O. 1990, c. V.3, s. 33 (4).

Parties

(5) The College, the member of the College being investigated and any other person specified by the Registration Committee are parties to a hearing before the Registration Committee under this section. R.S.O. 1990, c. V.3, s. 33 (5).

Medical evidence

(6) A legally qualified medical practitioner is not compellable to produce at the hearing his or her case histories, notes or any other records constituting medical evidence but, when required to give evidence, shall prepare a report containing the medical facts, findings, conclusions and treatment. R.S.O. 1990, c. V.3, s. 33 (6).

Idem

(7) The report required under subsection (6) is receivable in evidence without proof of its making or of the signature of the legally qualified medical practitioner making the report but a party who is not tendering the report as evidence has the right to summon and cross-examine the medical practitioner on the contents of the report. R.S.O. 1990, c. V.3, s. 33 (7).

Powers of Registration Committee

(8) The Registration Committee shall, after the hearing,

(a) make a finding as to whether or not the member of the College is impaired; and

(b) where the member of the College is found to be impaired, by order,

(i) revoke the member's licence,

(ii) suspend the member's licence either indefinitely or pending the demonstration of such facts as the Committee specifies, or

(iii) impose such conditions and limitations upon the member's licence as the Committee considers appropriate. R.S.O. 1990, c. V.3, s. 33 (8).

Procedures

(9) Subsections 28 (5) to (15) and 29 (1), (2), (3) and (5), which relate to proceedings of the Discipline Committee, apply with necessary modifications to proceedings of the Registration Committee under this section. R.S.O. 1990, c. V.3, s. 33 (9); 2021, c. 25, Sched. 27, s. 5 (2).

Closed to the public

(10) Despite the *Statutory Powers Procedure Act*, a hearing by the Registration Committee under this section shall be closed to the public but, if the member of the College who is the subject-matter of the hearing requests otherwise by a notice delivered to the Registration Committee before the day fixed for the hearing, the Registration Committee shall conduct the hearing in public except where,

(a) matters involving public security may be disclosed; or

(b) the possible disclosure of intimate financial or personal matters outweighs the desirability of holding the hearing in public. R.S.O. 1990, c. V.3, s. 33 (10).

Continuing jurisdiction over former member

(11) Subsections (1) to (10) apply with necessary modifications to an inquiry or hearing into whether or not a former member of the College was impaired when he or she was a member of the College, and for such purposes the board of inquiry or Registration Committee, as the case may be, may provide that the revocation or suspension of a licence or the imposition of conditions or limitations upon a licence take effect at the same time as or immediately after an existing revocation or suspension. R.S.O. 1990, c. V.3, s. 33 (11).

Section Amendments with date in force (d/m/y) [+]

Stay of decision on appeal

34 Where the Registration Committee revokes, suspends or imposes conditions or limitations upon the licence of a member of the College on the ground that the member is impaired, the decision takes effect immediately even if an appeal is taken from the decision, unless the court to which the appeal is taken otherwise orders. R.S.O. 1990, c. V.3, s. 34.

Appeal to court

35 (1) A party to,

(a) a proceeding before the Discipline Committee under section 30;

(b) a proceeding before the Registration Committee under section 33;

(c) a proceeding before the Accreditation Committee under section 22;

(d) a hearing by the Board in respect of a proposal by the Registration Committee related to the issuance of a licence or the imposition of conditions or limitations on a licence; or

(e) a hearing by the Board in respect of a proposal by the Accreditation Committee related to the issuance or renewal of a certificate of accreditation or the imposition of conditions or limitations on a certificate of accreditation,

may appeal to the Divisional Court from the decision or order of the committee or the Board. R.S.O. 1990, c. V.3, s. 35 (1); 1998, c. 18, Sched. G, s. 73 (1).

Certified copy of record

(2) Upon the request of a party desiring to appeal to the Divisional Court and upon payment of a reasonable administrative fee therefor, the Registrar or the Executive Secretary of the Board, as the case requires, shall furnish the party with a certified copy of the record of the proceedings. R.S.O. 1990, c. V.3, s. 35 (2); 1998, c. 18, Sched. G, s. 73 (1).

Powers of court on appeal

(3) An appeal under this section may be made on questions of law or fact or both and the court may affirm or may rescind the decision of the Board or the committee appealed from and may exercise all powers of the Board or the committee appealed from to take any action which the Board or the committee appealed from may take and as the court considers proper, and for such purposes the court may substitute its opinion for that of the Board or the committee appealed from or the court may refer the matter back to the Board or the committee appealed from for rehearing, in whole or in part, in accordance with such directions as the court considers proper. R.S.O. 1990, c. V.3, s. 35 (3); 1998, c. 18, Sched. G, s. 73 (1).

Section Amendments with date in force (d/m/y) [+]

Registrar's investigation

36 (1) Where the Registrar believes on reasonable ground that a member or former member of the College has committed an act of professional misconduct or serious neglect or that there is cause to refuse to issue or renew or to suspend or revoke a certificate of accreditation, the Registrar, with the approval of the Executive Committee, by order may appoint one or more persons to investigate whether such act has occurred or whether there is such cause, and the person or persons appointed shall report the results of the investigation to the Registrar. R.S.O. 1990, c. V.3, s. 36 (1).

Powers of investigator
(2) For purposes relevant to the subject-matter of an investigation under this section, a person appointed to make an investigation may inquire into and examine the practice of the member or former member in respect of whom the investigation is being made and may, upon production of his or her appointment, enter at any reasonable time the business premises of the member or former member, make reasonable inquiries of any person and examine documents and things relevant to the subject-matter of the investigation. R.S.O. 1990, c. V.3, s. 36 (2).

Application of *Public Inquiries Act, 2009*
(2.1) Section 33 of the *Public Inquiries Act, 2009* applies to an investigation under this section. 2009, c. 33, Sched. 6, s. 90.

Co-operation with investigator
(3) Every member and former member of the College shall co-operate fully with a person appointed to make an investigation into his or her practice. R.S.O. 1990, c. V.3, s. 36 (3).

Order by justice of the peace
(4) Where a justice of the peace is satisfied on evidence upon oath that the Registrar had grounds for appointing and by order has appointed one or more persons to make an investigation, the justice may, whether or not an investigation has been made or attempted under subsection (2), issue a warrant authorizing the person or persons making the investigation and named in the warrant, to enter any premises in which the member or former member of the College in respect of whom the investigation is being made has engaged in the practice of veterinary medicine or maintained records, to search for any documents or things relevant to the subject-matter of the investigation. R.S.O. 1990, c. V.3, s. 36 (4).

Authority to use force
(5) A warrant issued under subsection (4) authorizes the person or persons named in the warrant to carry out the warrant by force if necessary and together with such police officers as are called upon for assistance. R.S.O. 1990, c. V.3, s. 36 (5).

Execution of warrant
(6) A warrant issued under subsection (4) shall specify the hours and days during which it may be executed. R.S.O. 1990, c. V.3, s. 36 (6).

Expiry of warrant
(7) A warrant issued under subsection (4) shall state the date on which it expires, which shall be a date not later than fifteen days after the warrant is issued. R.S.O. 1990, c. V.3, s. 36 (7).

Application without notice
(8) A justice of the peace may receive and consider an application for a warrant under subsection (4) without notice to and in the absence of the member or former member of the College whose practice is being investigated. R.S.O. 1990, c. V.3, s. 36 (8).

Removal of documents and things
(9) Any person making an investigation under this section may, upon giving a receipt therefor, remove any documents or things examined under this section relating to the member or former member whose practice is being investigated and to the subject-matter of the investigation for the purpose of making copies or extracts and, subject to subsection (9.1), shall promptly return such documents or things to the member or former member whose practice is being investigated. R.S.O. 1990, c. V.3, s. 36 (9); 2006, c. 19, Sched. A, s. 17 (20).

Return of copy
(9.1) If it is not practical for the investigator making an investigation under this section to return the documents or things as subsection (9) requires, the investigator shall, if practical, promptly return a copy of the documents or things to the person from whom the investigator acquired them. 2006, c. 19, Sched. A, s. 17 (21).

Admissibility of copies
(10) Any copy or extract made as provided in subsection (9) and certified to be a true copy or extract by the person who made it is admissible in evidence to the same extent as, and has the same evidentiary value as, the document or thing of which it is a copy or extract. R.S.O. 1990, c. V.3, s. 36 (10).

Report of Registrar
(11) The Registrar shall report the results of the investigation to the Council or such committee as the Registrar considers appropriate. R.S.O. 1990, c. V.3, s. 36 (11).

Section Amendments with date in force (d/m/y) [+]

Applications re licences, procedures
Application for licence after revocation
37 (1) A person whose licence has been revoked for cause under this Act, or whose registration has been cancelled for cause under a predecessor of this Act, may apply in writing to the Registrar for the issuance of a licence, but the application shall not be made sooner than two years after the revocation or cancellation or one year after any prior application for issuance of the licence. R.S.O. 1990, c. V.3, s. 37 (1).

Removal of suspension

(2) A person whose licence has been suspended for cause under this Act, or whose registration has been suspended for cause under a predecessor of this Act, for more than one year or for other than a specific period, may apply in writing to the Registrar for the removal of the suspension, but the application shall not be made sooner than one year after the commencement of the suspension or one year after any prior application for the removal of the suspension. R.S.O. 1990, c. V.3, s. 37 (2).

Variation of licence restrictions

(3) A person to whose licence terms, conditions or limitations have been attached for cause under this Act, or under a predecessor of this Act, may apply in writing to the Registrar for removal or alteration of the terms, conditions or limitations, but the application shall not be made sooner than one year after the commencement of the terms, conditions or limitations or one year after any prior application for removal or alteration of the terms, conditions or limitations. R.S.O. 1990, c. V.3, s. 37 (3).

Exemptions

(4) Subsection (3) does not apply to a person whose licence is the subject of conditions or limitations imposed as a result of a proposal or decision of the Registration Committee under clause 14 (6) (c). R.S.O. 1990, c. V.3, s. 37 (4).

Referral to committee

(5) The Registrar shall refer an application under subsection (1), (2) or (3) to the committee that ordered the revocation, suspension, condition or limitation, as the case may be, and the committee shall hold a hearing respecting the application. R.S.O. 1990, c. V.3, s. 37 (5).

Idem, orders under predecessor Act

(6) Where the council of the Ontario Veterinary Association ordered the cancellation, suspension, term or condition under a predecessor of this Act, the Registrar shall refer the application under subsection (1), (2) or (3) to the committee which, under this Act, would have jurisdiction over the subject-matter that resulted in the cancellation, suspension, term or condition and the committee shall hold a hearing respecting the application. R.S.O. 1990, c. V.3, s. 37 (6).

Hearing by Registration Committee

(7) Subsections 28 (5) to (15) and 29 (1), (2), (3) and (5), which relate to hearings by the Discipline Committee, and subsection 33 (10), which relates to hearings by the Registration Committee into whether or not a member is impaired, apply with necessary modifications to proceedings of the Registration Committee under this section. R.S.O. 1990, c. V.3, s. 37 (7); 2021, c. 25, Sched. 27, s. 5 (3).

Hearing by Discipline Committee

(8) The provisions of this Act which relate to proceedings of the Discipline Committee apply to proceedings of the Discipline Committee under this section. R.S.O. 1990, c. V.3, s. 37 (8).

Parties

(9) The applicant and the College are parties to a hearing under subsection (5) or (6). R.S.O. 1990, c. V.3, s. 37 (9).

Powers of committee

(10) The committee shall, after the hearing under subsection (5) or (6), report its decision and reasons to the parties and direct the Registrar,

(a) to issue the licence;

(b) to refuse to issue the licence;

(c) to issue the licence subject to the conditions and limitations the committee specifies;

(d) to remove the suspension of the licence;

(e) to refuse to remove the suspension of the licence;

(f) to remove or alter any of the terms, conditions or limitations attached to the licence; or

(g) to refuse to remove or alter any of the terms, conditions or limitations attached to the licence. R.S.O. 1990, c. V.3, s. 37 (10).

Section Amendments with date in force (d/m/y) [+]

Confidentiality

38 (1) Every person engaged in the administration of this Act, including any person making an investigation under section 36, shall preserve secrecy with respect to all matters that come to his or her knowledge in the course of his or her duties, employment, examination, review or investigation and shall not communicate any such matters to any other person except,

(a) as may be permitted by the regulations or required in connection with the administration of this Act and the regulations and by-laws, or any proceeding under this Act or the regulations;

(a.1) to a body that governs a profession either inside or outside Ontario;

(b) to his or her counsel; or

(c) with the consent of the person to whom the information relates. R.S.O. 1990, c. V.3, s. 38 (1); 2006, c. 19, Sched. A, s. 17 (22).

Testimony in civil action
(2) No person to whom subsection (1) applies shall be required to give testimony or to produce any document or thing in any action or proceeding with regard to information obtained in the course of his or her duties, employment, examination, review or investigation except in a proceeding under this Act or the regulations. R.S.O. 1990, c. V.3, s. 38 (2).

Board
(3) For the purposes of subsections (1) and (2), the Board, each member of the Board and each member of the staff of the Board shall be deemed to be a person engaged in the administration of this Act. R.S.O. 1990, c. V.3, s. 38 (3); 1998, c. 18, Sched. G, s. 73 (1).

Section Amendments with date in force (d/m/y) [+]

Order directing compliance
39 (1) Where it appears to the College that any person does not comply with any provision of this Act, the regulations or the by-laws, despite the imposition of any penalty in respect of such non-compliance and in addition to any other rights it may have, the College may apply to a judge of the Superior Court of Justice for an order directing the person to comply with the provision, and upon the application the judge may make the order or such other order as the judge thinks fit. R.S.O. 1990, c. V.3, s. 39 (1); 2006, c. 19, Sched. A, s. 17 (23).

Appeal
(2) An appeal lies to the Divisional Court from an order made under subsection (1). R.S.O. 1990, c. V.3, s. 39 (2).

Section Amendments with date in force (d/m/y) [+]

Offences
40 (1) Every person who contravenes section 11 is guilty of an offence and on conviction is liable for the first offence to a fine of not more than $15,000 and for each subsequent offence to a fine of not more than $30,000.

Idem, use of titles
(2) Every person who is not a holder of a licence and who,

(a) uses the title “veterinarian”, “vétérinaire”, or “veterinary surgeon”, “chirurgien vétérinaire” or an abbreviation or variation thereof as an occupational or business designation; or

(b) uses a term, title or description that will lead to the belief that the person may engage in the practice of veterinary medicine,

is guilty of an offence and on conviction is liable for the first offence to a fine of not more than $5,000 and for each subsequent offence to a fine of not more than $15,000.

Idem, publication
(3) Every person who contravenes subsection 29 (1) or (3) is guilty of an offence and on conviction is liable to a fine of not more than $10,000 and for each subsequent offence to a fine of not more than $20,000.

Corporation
(4) Where a corporation is convicted of an offence under subsection (1), (2) or (3), the maximum fine that may be imposed is $25,000 on a first conviction and $50,000 on each subsequent conviction and not as provided in subsection (1), (2) or (3).

Offence, director, officer, etc., of corporation
(5) Where a corporation is convicted of an offence under subsection (1), (2) or (3),

(a) each director of the corporation; and

(b) each officer, employee or agent of the corporation who was in whole or in part responsible for the conduct of that part of the business of the corporation that gave rise to the offence,

is guilty of an offence unless he or she proves, on the balance of probabilities, that he or she took all reasonable care to prevent the commission of the offence.

Idem, penalty
(6) Every person convicted of an offence under subsection (5) is liable on conviction to a fine of not more than $15,000 on a first conviction and not more than $30,000 on each subsequent conviction.

Limitation
(7) Proceedings shall not be commenced in respect of an offence under subsection (1), (2), (3) or (5) after two years after the date on which the offence was, or is alleged to have been, committed. R.S.O. 1990, c. V.3, s. 40.

Offences re falsification, etc.
Falsification of documents
41 (1) Any person who makes or causes to be made a wilful falsification in a matter relating to a register or directory or issues a false licence, certificate of accreditation or document with respect to the issuance of a licence or certificate of accreditation is guilty of an offence and on conviction is liable to a fine of not more than $5,000.

Offences for false representation
(2) Every person who wilfully procures or attempts to procure the issuance of a licence or a certificate of accreditation under this Act by knowingly making a false representation or declaration or by making a fraudulent representation or declaration, either orally or in writing, is guilty of an offence and on conviction is liable to a fine of not more than $5,000.

Limitation period
(3) Proceedings to obtain a conviction for an offence under subsection (1) or (2) shall not be commenced after the expiration of one year after the date on which the offence was, or is alleged to have been, committed. R.S.O. 1990, c. V.3, s. 41.

Onus of proof respecting licensing
42 Where licensing or acting under and in accordance with a certificate of accreditation under this Act is required to permit the lawful doing of an act or thing, if in any prosecution it is proven that the defendant has done the act or thing, the burden of proving that he or she was so licensed or that he or she acted under and in accordance with a certificate of accreditation under this Act rests upon the defendant. R.S.O. 1990, c. V.3, s. 42.

Service of notice or document
43 (1) A notice or document under this Act, the regulations or the by-laws is sufficiently given, served or delivered if delivered personally or by mail. R.S.O. 1990, c. V.3, s. 43 (1); 2006, c. 19, Sched. A, s. 17 (24).

Idem
(2) Where a notice or document under this Act, the regulations or the by-laws is sent to a person by mail addressed to the person at the last address of the person in the records of the College, there is a rebuttable presumption that the notice or document is delivered to the person on the fifth day after the day of mailing. R.S.O. 1990, c. V.3, s. 43 (2); 2006, c. 19, Sched. A, s. 17 (24).

Section Amendments with date in force (d/m/y) [+]

Registrar's certificate as evidence
44 Any statement containing information from the records required to be kept by the Registrar under this Act and purporting to be certified by the Registrar under the seal of the College is admissible in evidence in all courts and tribunals as proof, in the absence of evidence to the contrary, of the facts stated therein without proof of the appointment or signature of the Registrar and without proof of the seal. R.S.O. 1990, c. V.3, s. 44.

Immunity
45 (1) No action or other proceeding for damages shall be instituted against the College, the Council, a committee of the College or a member of the Council or a committee of the College, or an officer, employee, agent or appointee of the College for any act done in good faith in the performance or intended performance of a duty or in the exercise or the intended exercise of a power under this Act, a regulation or a by-law, or for any neglect or default in the performance or exercise in good faith of such duty or power. 1998, c. 18, Sched. G, s. 73 (18).

Councillor indemnified in suits respecting duties of office
(2) Every member of the Council or a committee of the College and every officer and employee of the College, and their heirs, executors and administrators, and estate and effects, respectively, shall from time to time and at all times, be indemnified and saved harmless out of the funds of the College, from and against,

(a) all costs, charges and expenses whatsoever that he or she sustains or incurs in or about any action or proceeding brought or commenced against him or her in respect of any act, deed, matter or thing whatsoever, made, done or permitted by him or her, in or about the execution of the duties of his or her office; and

(b) all other costs, charges and expenses that he or she sustains or incurs in or about or in relation to the affairs thereof,

except such costs, charges or expenses as are occasioned by his or her own wilful neglect or default. R.S.O. 1990, c. V.3, s. 45 (2).

Section Amendments with date in force (d/m/y) [+]

46 REPEALED: 2002, c. 24, Sched. B, s. 25.

Section Amendments with date in force (d/m/y) [+]

Application of Acts
Not-for-Profit Corporations Act, 2010
47 (1) The *Not-for-Profit Corporations Act, 2010* does not apply in respect of the College except as may be prescribed by a Minister's regulation made under subsection 6 (2). 2010, c. 15, s. 247 (2).

Interpretation

(2) For the purposes of subsection (1), a member of the Council shall be deemed to be a director. 2010, c. 15, s. 247 (2).

Corporate information

(3) The *Corporations Information Act* does not apply in respect of the College. R.S.O. 1990, c. V.3, s. 47 (3).

Section Amendments with date in force (d/m/y) [+]

Interpretation

48 Any reference in any Act or regulation to a veterinarian as a member of the Ontario Veterinary Association under the *Veterinarians Act* being chapter 522 of the Revised Statutes of Ontario, 1980, shall be deemed to be a reference to a member of the College under this Act. R.S.O. 1990, c. V.3, s. 48.

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Français

Ontario

Français

Veterinarians Act

R.R.O. 1990, REGULATION 1093

GENERAL

Consolidation Period: From July 1, 2022 to the e-Laws currency date.

Last amendment: 260/22.

Legislative History: [+]

This is the English version of a bilingual regulation.

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Definitions

1. In this Regulation,

"auxiliary" means a person involved in a member's practice of veterinary medicine other than another member; ("auxiliaire")

"client" means, with respect to a member, the owner of an animal that the member is treating, an authorized representative of the owner or an individual who the member reasonably determines is acting in the interest of the animal; ("client")

"dispense" means, with respect to a drug or substance, to distribute or provide the drug or substance and includes to sell or to give away the drug or substance but does not include the administration of the drug or substance, by injection, inhalation, ingestion or by any other means, to the body of an animal; ("délivrer")

"member" means a member of the College. ("membre") R.R.O. 1990, Reg. 1093, s. 1; O. Reg. 233/15, s. 1.

PART I
REGISTRATION AND ACCREDITATION

Definitions

2. In this Part,

"acceptable unaccredited veterinary school" means a veterinary school, other than an accredited veterinary school, that at the time of an applicant's graduation,

(a) provides an undergraduate program of veterinary medical education leading to a basic degree that includes at least 125 weeks of instruction scheduled over a minimum of thirty-two months, and

(b) is listed in the World Directory of Veterinary Schools last published by the World Health Organization or is classified as "AVMA — listed" in the Directory of Veterinary Colleges of the World last published by the American Veterinary Medical Association; ("école de médecine vétérinaire non agréée mais reconnue")

"accredited clinical proficiency examination site" means a site where the clinical proficiency examination is administered and that is accredited by the National Examining Board of the Canadian Veterinary Medical Association or by the Educational Commission for Foreign Veterinary Graduates of the American Veterinary Medical Association; ("lieu d'examen agréé")

"accredited veterinary school" means a veterinary school that, at the time of an applicant's graduation, is accredited by the Council on Education of the American Veterinary Medical Association; ("école de médecine vétérinaire agréée")

"basic degree" means a Doctor of Veterinary Medicine or an equivalent degree in veterinary medicine; ("diplôme de base")

"companion animal" does not include a horse; ("animal de compagnie")

"facility director" means the facility director designated under subsection 10 (1) as the facility director for a veterinary facility; ("directeur")

"local knowledge examination" means an examination approved by the Registration Committee on legal and ethical aspects of veterinary practice in Ontario including reportable diseases; ("examen des connaissances")

"major surgery" means surgery,

(a) in which bone, viscera or an extensive area of subcutaneous tissue is exposed, or

(b) the failure of which would endanger the life or organ function of the animal. ("chirurgie lourde") R.R.O. 1990, Reg. 1093, s. 2; O. Reg. 398/07, s. 1; O. Reg. 356/11, s. 1; O. Reg. 233/15, s. 2 ; O. Reg. 260/22, s. 1.

Licences

3. (1) The requirements for the issuing of any licence are that the applicant,

(a) is a Canadian citizen or permanent resident or has another status under the *Immigration Act* (Canada) consistent with the class of licence for which application is made;

(b) has an adequate knowledge of English or French, as demonstrated by any of the following:

1. The applicant has successfully completed before July 30, 1995,
   i. the Test of English as a Foreign Language with a minimum score of 550 and the Test of Spoken English with a minimum score of 200, or
   ii. tests acceptable to the College of the applicant's ability to speak and write French with scores that reflect a competence that is at least equivalent to the competence required in English under subparagraph i.
2. The applicant has successfully completed on or after July 30, 1995 but before July 11, 2000,
   i. the Test of English as a Foreign Language with a minimum score of 550 and the Test of Spoken English with a minimum score of 50, or
   ii. tests acceptable to the College of the applicant's ability to speak and write French with scores that reflect a competence that is at least equivalent to the competence required in English under subparagraph i.
3. The applicant has successfully completed, after July 10, 2000,
   i. tests acceptable to the College of the applicant's ability to speak and write in English, or
   ii. tests acceptable to the College of the applicant's ability to speak and write French with scores that reflect a competence that is at least equivalent to the competence required in English under subparagraph i;

(c) completes an application for the class of licence for which application is made on a form provided by the Registrar;

(d) if the applicant has previously practised veterinary medicine, provides evidence that there has been no finding of, and that there is no current proceeding involving an allegation of, professional misconduct, gross neglect or impairment;

(e) provides a declaration affirming that there has been no finding of guilt of, and that there is no charge pending involving an allegation of, an offence relevant to the applicant's suitability to practise veterinary medicine;

(e.1) satisfies the requirement of subsection (4);

(f) pays the relevant examination fee, application fee, licence fee, and annual membership fee as set out in the by-laws;

(g) meets the requirements for the class of licence for which application is made; and

(h) submits proof of his or her identity;

(i) submits his or her basic degree from an accredited veterinary school or an acceptable unaccredited veterinary school or a copy of the degree that is,

(i) notarized by a person authorized to notarize documents in a Canadian jurisdiction, or

(ii) certified by a person authorized to practice law in a Canadian jurisdiction; and

(j) with respect to information provided by the applicant to the College that is relevant to the member's suitability to practise veterinary medicine, has not provided false or misleading information, either knowingly or in circumstances where the applicant ought to have known the information was false or misleading. R.R.O. 1990, Reg. 1093, s. 3 (1); O. Reg. 431/00, s. 1; O. Reg. 398/07, s. 2; O. Reg. 233/15, s. 3 (1-3).

(2) Clause (1) (b) does not apply if the primary and secondary education of the applicant was conducted in English or French or if the undergraduate veterinary education of the applicant was conducted in English or French. R.R.O. 1990, Reg. 1093, s. 3 (2).

(3) Clause (1) (h) does not apply to an applicant who is a graduate of an accredited veterinary school in Canada or who applies for a short-term licence. R.R.O. 1990, Reg. 1093, s. 3 (3).

(4) It is a requirement for the issuing of a licence that the applicant's previous conduct affords reasonable grounds for the belief that the applicant will practise veterinary medicine in a safe and professional manner. O. Reg. 233/15, s. 3 (4).

3.1 The following classes of licence are established:

1. Restricted licence.
2. General licence.
3. Academic licence.
4. Public service licence.
5. Short-term licence.
6. Educational licence.
7. Postgraduate and resident licence. O. Reg. 161/04, s. 3.

4. (1) A restricted licence is a licence with conditions or limitations imposed by a committee under the Act or by the Council under a predecessor of that Act. R.R.O. 1990, Reg. 1093, s. 4 (1).

(2) A holder of a restricted licence may practise veterinary medicine only in accordance with the conditions of the licence. R.R.O. 1990, Reg. 1093, s. 4 (2).

5. (1) To be eligible for a general licence the applicant must meet the following requirements:

1. The applicant has earned a basic degree from an accredited veterinary school or an acceptable unaccredited veterinary school.
2. The applicant has successfully completed the local knowledge examination within two years of application or holds an academic licence.
3. The applicant,
    i. has obtained a score higher than 1.5 standard deviations below the mean on both parts of the national board examination for veterinary medical licensing of the National Board Examination Committee of the American Veterinary Medical Association, including the clinical competency test, if the examinations are taken on or before November 30, 1992,

    ii. has obtained a passing mark on both parts of the national board examination for veterinary medical licensing of the National Board Examination Committee of the American Veterinary Medical Association, including the clinical competency test, if the examinations are taken after November 30, 1992 but before November 30, 2000, or

    iii. has obtained a passing mark on the North American Veterinary Licensing Examination, if the examination is taken on or after November 30, 2000.
4. The applicant,
    i. if a graduate of an acceptable unaccredited veterinary school, after compliance with paragraph 3 of subsection (1), has successfully completed the clinical proficiency examination of the National Examining Board of the Canadian Veterinary Medical Association administered through an accredited clinical proficiency examination site, or

    ii. if a graduate of an accredited veterinary school who has failed either or both parts of the national board examination twice or more, after compliance with paragraph 3 of subsection (1), has successfully completed the clinical proficiency examination of the National Examining Board of the Canadian Veterinary Medical Association administered through an accredited clinical proficiency examination site. O. Reg. 431/00, s. 2; O. Reg. 398/07, s. 3; O. Reg. 356/11, s. 2 (1).

(2) Despite subsection (1), a member who surrenders a general licence and is issued an educational licence at the same time shall be deemed to meet the requirements for the issuing of a general licence for a period of two months after the termination of the educational licence. O. Reg. 431/00, s. 2.

(3) Revoked: O. Reg. 356/11, s. 2 (2).

6. (1) The requirements for the issuing of an academic licence are that the applicant,

(a) has a basic degree from an accredited veterinary school or an acceptable unaccredited veterinary school;

(b) has a full-time teaching or research appointment of professorial rank in the Ontario Veterinary College of the University of Guelph with full payment at salary of rank paid by the University; and

(c) has successfully completed the local knowledge examination within two years of application. R.R.O. 1990, Reg. 1093, s. 6 (1); O. Reg. 510/95, s. 2; O. Reg. 356/11, s. 3.

(2) A holder of an academic licence may engage in the practice of veterinary medicine only in the department in which he or she holds a professorial appointment and to the extent required by that appointment. R.R.O. 1990, Reg. 1093, s. 6 (2).

(3) An academic licence terminates when the licensee ceases to hold an appointment in accordance with clause (1) (b). R.R.O. 1990, Reg. 1093, s. 6 (3).

7. (1) The requirements for the issuing of a public service licence are that,

(a) the applicant has earned a basic degree from an accredited veterinary school or an acceptable unaccredited veterinary school;

(b) the applicant,

(i) has obtained a score higher than 1.5 standard deviations below the mean on both parts of the national board examination for veterinary medical licensing of the National Board Examination Committee of the American Veterinary Medical Association, including the clinical competency test, if the applicant took the examinations on or before November 30, 1992,

(ii) has obtained a passing mark on both parts of the national board examination for veterinary medical licensing of the National Board Examination Committee of the American Veterinary Medical Association, including the clinical competency test, if the applicant took the examinations after November 30, 1992 but before November 30, 2000, or

(iii) has obtained a passing mark on the North American Veterinary Licensing Examination, if the applicant took the examination on or after November 30, 2000;

(c) the applicant, after complying with clause (b), has successfully completed the clinical proficiency examination of the National Examining Board of the Canadian Veterinary Medical Association administered through an accredited clinical proficiency examination site, if the applicant is,

(i) a graduate of an accredited veterinary school who has failed either or both parts of the national board examination described in that clause twice or more, or

(ii) a graduate of an acceptable unaccredited veterinary school; and

(d) the applicant is employed as a veterinarian by the Crown in right of Canada O. Reg. 161/04, s. 5; O. Reg. 398/07, s. 4.

(2) A holder of a public service licence may engage in the practice of veterinary medicine only in the course of employment as a veterinarian by the Crown in right of Canada. R.R.O. 1990, Reg. 1093, s. 7 (2); O. Reg. 308/91, s. 1 (2).

(3) A public service licence terminates when the licensee ceases to be employed as a veterinarian by the Crown in right of Canada. R.R.O. 1990, Reg. 1093, s. 7 (3); O. Reg. 308/91, s. 1 (3).

8. (1) The requirements for the issuing of a short-term licence are that the applicant,

(a) has earned a basic degree from an accredited veterinary school or an acceptable unaccredited veterinary school;

(b) provides a document from a member holding a general licence without conditions that evidences the member's undertaking to supervise the applicant and to be responsible for continuing after the licensee leaves Ontario any veterinary care started in Ontario by the licensee; and

(c) is appointed by the Ontario Veterinary College of the University of Guelph, a regional academy of veterinary medicine in Ontario or a recognized group of members with special veterinary interest, or has the consent of the College, to perform specific veterinary services solely for a short-term, special purpose. R.R.O. 1990, Reg. 1093, s. 8 (1).

(2) A holder of a short-term licence may engage in the practice of veterinary medicine only under the supervision of the member whose undertaking has been given under clause (1) (b) and to the extent required by the appointment or consent under clause (1) (c). R.R.O. 1990, Reg. 1093, s. 8 (2).

(3) A short-term licence terminates on the earliest of,

(a) the day the appointment or consent under clause (1) (c) is terminated;

(b) the day the licensee leaves Ontario; and

(c) thirty days after the licence is issued. R.R.O. 1990, Reg. 1093, s. 8 (3).

9. (1) The requirements for the issuing of an educational licence are that the applicant,

(a) has earned a basic degree from an accredited veterinary school or an acceptable unaccredited veterinary school; and

(b) is enrolled in a program of postgraduate veterinary education provided by the Ontario Veterinary College of the University of Guelph. R.R.O. 1990, Reg. 1093, s. 9 (1).

(2) The holder of an educational licence,

(a) may engage in the practice of veterinary medicine only as required by the program of education in which the licensee is enrolled and only under the supervision of a full-time employee of the University of Guelph who holds a general licence or an academic licence; and

(b) may receive remuneration for veterinary services only in the form of a fixed salary or stipend. R.R.O. 1990, Reg. 1093, s. 9 (2).

(3) An educational licence terminates when the licensee ceases to be enrolled in a program of postgraduate veterinary education provided by the Ontario Veterinary College of the University of Guelph. R.R.O. 1990, Reg. 1093, s. 9 (3).

9.1 (1) The requirements for issuing a postgraduate and resident licence are that the applicant,

(a) has a basic degree from an accredited veterinary school or an acceptable unaccredited veterinary school;

(b) is enrolled as an intern, resident or Doctor of Veterinary Science student at the Veterinary Teaching Hospital of the Ontario Veterinary College; and

(c) has successfully completed the local knowledge examination within two years preceding the application. O. Reg. 431/00, s. 3; O. Reg. 356/11, s. 4.

(2) The holder of a postgraduate and resident licence may engage in the practice of veterinary medicine only as required by the program in which he or she is enrolled as an intern, resident or Doctor of Veterinary Science student at the Veterinary Teaching Hospital of the Ontario Veterinary College. O. Reg. 431/00, s. 3.

(3) A postgraduate and resident licence terminates when the holder of the licence ceases to be enrolled as an intern, resident or Doctor of Veterinary Science student at the Veterinary Teaching Hospital of the Ontario Veterinary College. O. Reg. 431/00, s. 3.

9.2 (1) Despite sections 3 to 9.1, if an application for a licence is made by a person who holds an authorizing certificate issued by an out-of-province regulatory authority and authorizing the person to engage in the practice of veterinary medicine in another jurisdiction, the person must meet the requirement for the licence otherwise set out in this Regulation subject to the following rules:

1. Clause 3 (1) (b) does not apply if proficiency in English or French was a condition of granting the applicant's authorizing certificate in the jurisdiction of the out-of-province regulatory authority.
2. If the application is referred to the Registration Committee under section 14 of the Act, any additional experience, education or training may only be required of the applicant under subsection 14 (4) of the Act if the requirement complies with Part II of the *Ontario Labour Mobility Act, 2009*.
3. If the applicant has applied for a restricted licence or is being considered for a restricted licence under section 14 of the Act, any condition or limitation imposed on the restricted licence must comply with Part II of the *Ontario Labour Mobility Act, 2009*.
4. An applicant for a general licence is not required to satisfy the requirements set out in paragraphs 1, 3 and 4 of subsection 5 (1) if, in the opinion of the Registrar, the authorizing certificate issued to the applicant by the out-of-province regulatory authority is equivalent to a general licence.
5. An applicant for an academic licence is not required to satisfy the requirement set out in clause 6 (1) (a) if, in the opinion of the Registrar, the authorizing certificate issued to the applicant by the out-of-province regulatory authority is equivalent to an academic licence or a general licence.
6. An applicant for a public service licence is not required to satisfy the requirements set out in clause 7 (1) (a), (b) or (c) if, in the opinion of the Registrar, the authorizing certificate issued to the applicant by the out-of-province regulatory authority is equivalent to a public service licence or a general licence.
7. An applicant for a short-term licence is not required to satisfy the requirement set out in clause 8 (1) (a) if, in the opinion of the Registrar, the authorizing certificate issued to the applicant by the out-of-province regulatory authority is equivalent to a short-term licence or general licence.
8. An applicant for an educational licence is not required to satisfy the requirement set out in clause 9 (1) (a) if, in the opinion of the Registrar, the authorizing certificate issued to the applicant by the out-of-province regulatory authority is equivalent to an educational licence or a general licence.
9. An applicant for a post-graduate and resident licence is not required to satisfy the requirement set out in clause 9.1 (1) (a) if, in the opinion of the Registrar, the authorizing certificate issued to the applicant by the out-of-province regulatory authority is equivalent to a post-graduate and resident licence or to a general licence. O. Reg. 356/11, s. 5.

(2) In this section,

"authorizing certificate" means a certificate, licence, registration or other form of official recognition granted by an out-of-province regulatory authority to an individual, which attests to the individual being qualified to engage in the practice of veterinary medicine and authorizes the individual to engage in the practice of veterinarian medicine and to hold herself or himself out as engaging in that practice; ("certificat d'autorisation")

"out-of-province regulatory authority" means a regulatory authority that is authorized to grant authorizing certificates to individuals under an Act of Canada or of a province or territory of Canada that is a party to the Agreement on Internal Trade, other than Ontario. ("autorité de réglementation extraprovinciale") O. Reg. 356/11, s. 5.

Facility Accreditation

10. (1) In order to obtain, maintain or renew a certificate of accreditation for a veterinary facility, other than a temporary facility, the owners of the veterinary facility or the partners in the practice conducted in or from the facility, as the case may be, shall designate a facility director. O. Reg. 260/22, s. 2.

(2) The facility director shall be responsible for the oversight of the veterinary facility, including ensuring that the facility is operated in accordance with the Act, the regulations and the standards established by the Council under section 8 of the Act. O. Reg. 260/22, s. 2.

(3) The facility director shall ensure that their name and contact information are clearly and publicly displayed at the veterinary facility. O. Reg. 260/22, s. 2.

(4) For greater certainty, despite the designation of a facility director, each member practising in or from a veterinary facility is responsible for meeting the requirements set out in the Act and the regulations and the standards established by the Council under section 8 of the Act. O. Reg. 260/22, s. 2.

11. (1) A certificate of accreditation for a veterinary facility, other than a temporary facility, shall not be issued or renewed unless the veterinary facility and the applicant meet the applicable requirements set out in the Act and the regulations and the standards established by the Council under section 8 of the Act. O. Reg. 260/22, s. 2.

(2) The following requirements apply with respect to an application for the issuance or renewal of a certificate of accreditation for a veterinary facility, other than a temporary facility:

1. The application shall be submitted by the facility director to the College.
2. The applicant shall submit the application on a form provided by the Registrar.
3. The applicant must,
    i. hold a general or restricted licence the conditions of which are consistent with the conditions of the certificate of accreditation that is being sought, and
    ii. be engaged in the practice of veterinary medicine conducted in or from the veterinary facility in respect of which the application is being made.
4. With respect to an application for a renewal of a certificate of accreditation, the applicant must be in compliance with any terms, conditions and limitations as specified by the Registrar on the existing certificate of accreditation.
5. The applicant shall pay the fees set out in the by-laws and shall not be in default of any fees.
6. The applicant shall provide, on a form provided by the Registrar, a written undertaking that the applicant will,
    i. be responsible for the oversight of the facility, including ensuring that the facility is operated in accordance with the Act, the regulations and the standards established by the Council under section 8 of the Act, and
    ii. ensure that only members will have responsibility for and control over all of the clinical and professional aspects of the provision of services through the facility, including maintaining the standards of practice of the profession.
7. If the facility director is not an owner of the veterinary facility or a partner in the practice conducted in or from the facility that is the subject of the application, the application shall include a written attestation from the owners or partners, as the case may be, that the facility director is authorized to be the facility director and is authorized to provide the undertaking required under paragraph 6. O. Reg. 260/22, s. 2.

11.1 Revoked: O. Reg. 260/22, s. 2.

12. (1) A certificate of accreditation expires five years after it is issued or renewed unless,

(a) it expires at an earlier date pursuant to subsection (2); or

(b) the Registrar issues or renews the certificate on condition that it expire at an earlier date. O. Reg. 260/22, s. 2.

(2) A certificate of accreditation shall expire before the period described in subsection (1) if any of the following events occurs:

1. A veterinary facility, or a stationary element of a facility with a mobile element, is relocated.
2. The veterinary facility no longer has a facility director.
3. The veterinary facility no longer has any members who would meet the requirements in paragraph 3 of subsection 11 (2).
4. The veterinary facility no longer has any members who have made an undertaking that would satisfy the requirements set out in paragraph 6 of subsection 11 (2). O. Reg. 260/22, s. 2.

13. The holder of a certificate of accreditation shall immediately notify the College, in writing, if any of the following events occur:

1. Any change to the name of the veterinary facility.

2. Any change in the type of species treated in or from the facility.
3. Any change in the scope of veterinary services offered in or from the facility.
4. The relocation of the veterinary facility or of a stationary element of a facility with a mobile element.
5. Any change in the identity of the facility director.
6. The facility no longer has any members who would satisfy the requirements set out in paragraph 3 of subsection 11 (2). O. Reg. 260/22, s. 2.

Temporary Facilities

14. (1) A certificate of accreditation for a temporary facility shall not be issued unless the temporary facility and the applicant meet the applicable requirements set out in the Act and the regulations and the standards established by the Council under section 8 of the Act. O. Reg. 260/22, s. 2.

(2) The following requirements apply with respect to an application for a certificate of accreditation for a temporary facility:

1. The application shall be submitted by the applicant to the College.
2. The applicant shall submit the application on a form provided by the Registrar.
3. The applicant must,
    i. hold a general or restricted licence the conditions of which are consistent with the conditions of the certificate of accreditation that is being sought, and
    ii. be engaged in the practice of veterinary medicine conducted in or from the temporary facility. O. Reg. 260/22, s. 2.

Certificates of Accreditation

15. (1) A certificate of accreditation for a veterinary facility, including a temporary facility, issued by the Registrar must include the facility name, location, any terms, conditions or limitations and the date of expiry of the certificate. O. Reg. 260/22, s. 2.

(2) A certificate of accreditation for a veterinary facility, including a temporary facility, limits the veterinary practice in or from the facility to the veterinary services specified in the certificate and for the period of time specified in the certificate which, in the case of a temporary facility, shall be no longer than 30 days. O. Reg. 260/22, s. 2.

(3) The holder of a certificate of accreditation,

(a) in the case of a veterinary facility other than a temporary or mobile facility, shall ensure that the certificate of accreditation is posted visibly in the veterinary facility; or

(b) in the case of a temporary or a mobile facility, shall make the certificate of accreditation available to any person for review upon request. O. Reg. 260/22, s. 2.

Transition

15.1 (1) A certificate of accreditation that was in force immediately before the day this section comes into force is continued and is subject to the same terms, conditions and limitations that were in effect immediately before that day. O. Reg. 260/22, s. 2.

(2) For greater certainty, the continuation of the certificate of accreditation does not change the status of a hearing or review related to the certificate of accreditation, or any associated deadlines, if the hearing or review was commenced but not concluded before the day this section comes into force. O. Reg. 260/22, s. 2.

(3) A certificate of accreditation that is continued under subsection (1) shall expire in accordance with the rules that were in effect immediately before the day this section comes into force. O. Reg. 260/22, s. 2.

15.2 Despite section 11, an application for the issuance or renewal of a certificate of accreditation that was submitted before the day section 11 comes into force shall be determined in accordance with this Regulation as it read immediately before that day. O. Reg. 260/22, s. 2.

16. (1) The fees payable under the Act are set out in the by-laws. O. Reg. 431/00, s. 4; O. Reg. 398/07, s. 9 (1).

(2), (3) Revoked: O. Reg. 398/07, s. 9 (2).

(4) A postgraduate and resident licence is valid for 12 months. O. Reg. 431/00, s. 4.

(5) The initial fee for a postgraduate and resident licence is due before the licence is issued. O. Reg. 431/00, s. 4; O. Reg. 398/07, s. 9 (3).

(6) Revoked: O. Reg. 398/07, s. 9 (4).

PART II
PROFESSIONAL MISCONDUCT

17. (1) For the purposes of the Act, professional misconduct includes the following:

1. An act or omission inconsistent with the Act or this Regulation.
2. Failing to maintain the standard of practice of the profession.
3. Failing to fulfil the terms of an agreement with a client.
4. Failing to continue to provide professional services to an animal until the services are no longer required or until the client has had a reasonable opportunity to arrange for the services of another member.
5. Failing to provide within a reasonable time and without cause any certificate or report requested by a client or his or her agent in respect to an examination or treatment performed by the member.
6. Revealing information concerning a client, an animal or any professional service performed for an animal, to any person other than the client or another member treating the animal except,
    i. with the consent of the client,
    ii. if required or authorized to do so by law,
    iii. to prevent, or contribute information for the treatment of, a disease or physical injury of a person, or
    iv. Revoked: O. Reg. 233/15, s. 11 (1).
    v. for the purpose of identifying, locating or notifying the apparent owner of the animal, protecting the rights of the apparent owner or enforcing applicable laws in respect of the animal, where it appears that the animal is not owned by the person presenting it for treatment.
7. Providing, or attempting or offering to provide, services that are not reasonably useful or needed.

7.1 Recommending, referring, ordering or requisitioning laboratory tests, technical procedures or professional services that are not reasonably useful or needed.

8. Making a misrepresentation to a client or prospective client.
9. Making a claim respecting the utility of any remedy, treatment, device or procedure other than a claim which can reasonably be supported as professional opinion.
10. Guaranteeing a cure, or making a statement which a client would reasonably understand as a guarantee of a cure.
11. Charging a fee that is excessive in relation to the amount normally charged for the services performed or the product dispensed or adding a charge that is excessive when recovering any disbursement incurred in the course of providing services.
12. Charging a fee for an unperformed service, except a fee for an appointment missed without at least twenty-four hours notice.
13. Revoked: O. Reg. 510/95, s. 4.
14. Revoked: O. Reg. 233/15, s. 11 (3).
15. Knowingly submitting a false or misleading account or charge for professional services.
16. Failing to issue a statement or receipt when a statement or receipt is requested by a client or his or her agent.
17. Failing to itemize the services provided, the fees therefor and the disbursements charged, when an itemized account is requested by a client or his or her agent.
18. Reducing, or offering to reduce, an account for prompt payment without notifying the client of the terms of reduction before providing the pertinent service.
19. Charging interest on an account without notifying the client of the terms of interest before providing the pertinent service, except where interest has been granted by a court.
20. Selling, or attempting to sell, an account for professional services to a third party.
21. Failing to dispose of an animal, whether deceased or alive, or a part of it, in accordance with the client's instructions if those instructions are in accordance with the standards of practice of the profession.
22. Disposing of an animal, whether deceased or alive, or a part of it, by any means that are not in accordance with the standards of practice of the profession, if the client does not give instructions regarding such disposal or gives instructions that are not in accordance with the standards of practice of the profession.

22.1 Failing to dispose of biological, pathological or hazardous wastes in accordance with the requirements of the *Environmental Protection Act* or, if there are no such requirements, in accordance with the standards of practice of the profession.

23. If an animal has died unexpectedly or from an anaesthetic, failing to promptly inform the client about the availability of a necropsy through a veterinarian independent of the attending veterinarian but, having provided the information, the attending veterinarian or an associate, upon the client's request, may perform the necropsy.

24. Abusing a client verbally or physically or permitting or counselling an associate or auxiliary to abuse a client verbally or physically.

25. Having a conflict of interest.

26. Having a licence under the *Livestock Medicines Act* or an interest in an establishment or undertaking that has a licence under that Act, or deriving a benefit directly or indirectly from an establishment or undertaking that has a licence under the *Livestock Medicines Act*.

27. Failing to make or retain the records required by this Regulation.

28. Falsifying a record regarding professional services.

29. Failing to abide by a condition in a licence or a certificate of accreditation.

30. Failing to direct or supervise, or inadequately directing or supervising, an auxiliary.

31. Permitting, counselling or assisting any person, other than a member, to practise, or to attempt to practise, veterinary medicine.

32. Permitting, advising or assisting any person, other than a member, to perform any act or function which should properly be performed by a member.

33. Directly or by implication representing any person to be a member who is not a member.

34. Signing or issuing a veterinary certificate, report or similar document that contains a statement that the member knows or ought to know is false, misleading or otherwise improper.

35. Signing or issuing a veterinary certificate, report or similar document without ascertaining, or taking reasonable measures to determine, the accuracy of its contents.

36. Permitting a veterinary certificate, report or similar document to be issued in the member's name, or with his or her concurrence, without personally signing it.

37. If a licence of another person is suspended or has been revoked, cancelled or terminated, a member for any purpose related to the practice of veterinary medicine, except with the prior written consent of the Executive Committee and subject to the terms of that consent,

    i. retains or uses the services of that person,

    ii. employs or is employed by him or her,

    iii. maintains a partnership or association with him or her or is a shareholder in a professional corporation in which he or she is a shareholder or of which he or she is an employee,

    iv. directly or indirectly receives, makes or confers any remuneration or benefit from or to him or her, or

    v. shares or occupies space with him or her.

38. Failing to reply appropriately to a written inquiry received from the College or failing to reply to the inquiry within the time specified in the inquiry or, if no time is specified, within 25 days after the day the inquiry was received by the member.

38.1 Providing false or misleading information to the College.

39. Making any statement, orally or in writing, calculated to belittle or injure the professional reputation of another veterinarian, or unnecessarily commenting adversely upon any professional act of another veterinarian.

40. Treating an animal receiving veterinary services from another member without notifying the other member and obtaining the relevant historical information as soon as practicable except if the treatment is done in accordance with subsection 33 (1.1).

41. Treating an animal receiving veterinary services from another member who did not refer the animal without advising the client that such uncoordinated veterinary services may place the animal at risk except if the treatment is done in accordance with subsection 33 (1.1).

42., 43. Revoked: O. Reg. 233/15, s. 11 (6).

43.1 Being a shareholder, officer or director of a professional corporation where the professional corporation does or omits to do anything that would be professional misconduct if done or omitted to be done by the member.

44. An act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as disgraceful, dishonourable or unprofessional.

45. Conduct unbecoming a veterinarian.

46. Contravening a law if,

    i. the purpose of the law is to protect or promote the health or welfare of animals or to protect or promote public health, or

    ii. the contravention is relevant to the member's suitability to practise veterinary medicine. R.R.O. 1990, Reg. 1093, s. 17 (1); O. Reg. 513/94, s. 1; O. Reg. 510/95, s. 4; O. Reg. 431/00, s. 5 (1, 2); O. Reg. 24/02, s. 1 (1-4); O. Reg. 161/04, s. 11 (1-5); O. Reg. 398/07, s. 10; O. Reg. 233/15, s. 11 (1-7).

(1.1) Despite paragraph 21of subsection (1), it is not professional misconduct for a member to dispose of a live animal that is not claimed by the client after the completion of an in-hospital treatment and convalescence or of an ancillary service as defined in section 34 by transferring the animal to an animal shelter or to a third party owner if at least 10 days have passed since the completion of the treatment, convalescence or ancillary service and,

(a) the client has agreed in writing to the transfer; or

(b) the member has done all of the following and has not received notice from the client that he or she is unable to pay the applicable fees and costs necessary to the return of the animal:

(i) attempted to contact the client on at least five occasions and by at least two different methods,

(ii) made a written record of the attempts described in subclause (i) and keeps the record in accordance with subsection (1.2), and

(iii) made at least one attempt to contact the emergency contact person identified by the client. O. Reg. 233/15, s. 11 (8).

(1.2) A member shall keep a record described in subclause (1.1) (b) (ii) for the shorter of the following two periods:

1. A period of five years after the last attempt to contact the client is documented.
2. A period of two years after the member ceases to practise veterinary medicine. O. Reg. 233/15, s. 11 (8).

(2) Despite paragraph 26 of subsection (1), it is not professional misconduct for a member to own shares in a corporation the shares of which are publicly traded through the Toronto Stock Exchange even if the corporation has a licence under the *Livestock Medicines Act*. R.R.O. 1990, Reg. 1093, s. 17 (2); O. Reg. 233/15, s. 11 (9).

(3) Despite paragraph 26 of subsection (1), it is not professional misconduct for a member to be employed by, or have a contract to provide services to, an entity that is an individual, a partnership or a corporation, if,

(a) the member does not have a financial interest in the entity;

(b) the entity is engaged in manufacturing or selling feed for poultry or is engaged in breeding, hatching, growing, processing or feeding poultry;

(c) the entity is licensed under the *Livestock Medicines Act*; and

(d) the entity does not offer veterinary services as an inducement to others to buy its products or to sell products to it. O. Reg. 431/00, s. 5 (3).

(4) Despite paragraph 20 of subsection (1), it is not professional misconduct to retain a lawyer or agent to collect unpaid accounts or to accept payment for professional services by credit card. O. Reg. 233/15, s. 11 (10).

(5) A treatment provided in the circumstances described in paragraphs 40 and 41 of subsection (1) does not constitute professional misconduct if the treatment is provided in a temporary facility and,

(a) in the case of a treatment provided in circumstances described in paragraph 40, relevant historical medical information is obtained from the client before providing the treatment and the client is advised to inform the other member of the treatment provided at the temporary facility; and

(b) in the case of a treatment provided in circumstances described in paragraph 41, the treatment received at the temporary facility does not place the animal at risk with respect to any other veterinary services that it may receive elsewhere. O. Reg. 233/15, s. 11 (10).

18. (1) A member shall comply with the standards of practice of the profession in the performance of veterinary services. O. Reg. 233/15, s. 12.

(2) A member shall not provide veterinary services in respect of an animal unless the member has,

(a) been retained by the owner of the animal, an authorized representative of the owner or an individual who the member reasonably determines is acting in the interest of the animal;

(b) advised the client that the member will only provide services in accordance with the standards of practice of the profession;

(c) reached an agreement with the client as to the scope of the services to be provided by the member; and

(d) obtained the consent of the client for each service to be provided. O. Reg. 233/15, s. 12.

(3) Subsection (2) does not apply if,

(a) a member, acting reasonably, determines that it is an emergency and that the animal requires immediate veterinary services;

(b) a member is an employee or contractor of the Crown in right of Canada or the Crown in right of Ontario and is providing veterinary services as part of that employment or contractual relationship;

(c) a member is providing veterinary services in or from a temporary facility;

(d) a member is providing veterinary services that are permitted or required under the *Dog Owners' Liability Act*, the *Animals for Research Act*, the *Provincial Animal Welfare Services Act, 2019*, the *Animal Health Act, 2009* or under any other Act except for the *Veterinarians Act*; or

(e) a member is retained or employed by a person other than an animal's owner to conduct an independent examination of the animal and report on the animal's health to that person. O. Reg. 233/15, s. 12; O. Reg. 260/22, s. 3.

19. (1) A member is responsible for the conduct of his or her auxiliaries and for the suitability and quality of the performance of their acts. R.R.O. 1990, Reg. 1093, s. 19 (1).

(2) A member is guilty of professional misconduct if an auxiliary of the member does or omits to do anything that, if done or omitted by a member, would constitute professional misconduct. R.R.O. 1990, Reg. 1093, s. 19 (2).

(3) A member shall supervise the performance of an auxiliary's task in one of the following methods, whichever is appropriate in the circumstances:

1. Immediate supervision, where the member is on the same premises as the auxiliary and can see and hear the auxiliary perform the task.
2. Direct supervision, where the member is on the same premises as the auxiliary and, although not present to see and hear the task being performed, is accessible to the auxiliary in a timely and appropriate manner.
3. Indirect supervision, where the member is not on the same premises as the auxiliary while the task is being performed but where the member,
    i. communicates appropriately with the auxiliary before and after the auxiliary performs the task, and
    ii. is accessible to the auxiliary in a timely and appropriate manner while the task is being performed. O. Reg. 233/15, s. 13.

(4) A member may direct an auxiliary who is suitably qualified by education or experience to perform, under the supervision of a member, the tasks traditionally assigned to auxiliaries including flushing and infusion procedures in the course of embryo transfers after appropriate assessment by a member. R.R.O. 1990, Reg. 1093, s. 19 (4).

20. (1) A member is responsible for providing reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that he or she has recently treated or that he or she treats regularly. R.R.O. 1990, Reg. 1093, s. 20 (1).

(2) The services required under subsection (1) may be provided by the member or an associate or by referral to another member who has agreed to cover the referring member's practice. R.R.O. 1990, Reg. 1093, s. 20 (2).

(3) If a member provides services under subsection (1) outside of regular practice hours by referring an animal to an emergency clinic, the member is responsible for promptly continuing to provide medically necessary services to the animal after discharge from the emergency clinic until the services are no longer required or until the client has had a reasonable opportunity to arrange for the services of another member. R.R.O. 1990, Reg. 1093, s. 20 (3).

(4) A member shall inform each of his or her clients as to how they can access services outside of the member's regular practice hours. O. Reg. 233/15, s. 14.

(5) If a member changes the arrangements for accessing services outside of the member's regular practice hours, he or she shall promptly inform his or her clients of the changes. O. Reg. 233/15, s. 14.

(6) The member shall keep records of every time information is provided under subsections (4) and (5). O. Reg. 233/15, s. 14.

(7) If an animal is to be left in a veterinary facility after regular practice hours, the member treating the animal shall inform the client of supervision arrangements for that animal. O. Reg. 233/15, s. 14.

(8) This section does not apply to a member who provides veterinary services in or from a temporary facility unless compliance with this section is required as a condition to the certificate of accreditation of the temporary facility. O. Reg. 233/15, s. 14.

21. (1) A member who induces general anaesthesia in an animal or undertakes critical care of an animal is responsible for monitoring the recovery of the animal until its medical condition is stable and satisfactory. R.R.O. 1990, Reg. 1093, s. 21 (1).

(2) The monitoring under subsection (1) may be done personally, through another member or through an auxiliary who is suitably qualified by education or experience if supervised by the member. R.R.O. 1990, Reg. 1093, s. 21 (2).

22. (1) The records required in respect of each companion animal shall contain the following information:

1. Animal identification, including species, breed, colour, age and sex.
2. The client's name, address and telephone numbers.
3. If the client is likely to be absent from his or her address while the animal is confined with the member, the name, address and telephone number of a person to be contacted in case of an emergency.
4. Date of each time that the member sees the animal.
5. A history of the animal's health, including a record of vaccinations.

6. The animal's current weight.
7. Particulars of each assessment, including physical examination data and any diagnostic investigations, performed or ordered by the member and the results of each assessment.
8. A note of any professional advice given regarding the animal and an indication of when and to whom such advice was given if other than to the client.
9. All medical or surgical treatments and procedures used, dispensed, prescribed or performed by or at the direction of the member, including the name, strength, dose and quantity of any drugs.

9.1 One of the following with respect to each surgical treatment:

i. The written consent to the surgical treatment signed by or on behalf of the owner of the animal.

ii. A note that the owner of the animal or a person on the owner's behalf consented orally to the surgical treatment, and the reason why the consent was not in writing.

iii. A note that neither the owner of the animal nor anyone on the owner's behalf was available to consent to the surgical treatment, and the reason why, in the member's opinion, it was medically advisable to conduct the surgical treatment.

10. A copy of all reports prepared by the member in respect of the animal.
11. A final assessment of the animal.
12. The fees and charges, showing separately those for drugs and those for advice or other services.
13. Any additional records required by this Regulation. R.R.O. 1990, Reg. 1093, s. 22 (1); O. Reg. 431/00, s. 6; O. Reg. 233/15, s. 15 (1, 2).

(2) The records required in respect of each food-producing animal or herd shall contain the following information:

1. Individual or herd identification, including breed and sex.
2. If individual advice or care is given, at least one of the animal's name, the animal's tattoo or ear-tag number or the animal's colour, markings or other distinguishing physical features.
3. The client's name, address and telephone numbers.
4. The name and telephone number of a person to be contacted in the absence of the client.
5. Date of each service.
6. A history of the presenting complaint.
7. If there is a presenting complaint, particulars of each assessment, including any laboratory investigations performed or ordered by the member and the results of each assessment.
8. A note of any professional advice regarding the individual or herd and an indication of to whom the advice was given if other than to the client.
9. A complete record of all written prescriptions and drugs that the member has prescribed or dispensed.
10. A copy of any report prepared by the member in respect of the individual or herd.
11. The fees and charges, showing separately those for drugs and those for advice or other services.
12. Any additional records required by this Regulation. R.R.O. 1990, Reg. 1093, s. 22 (2); O. Reg. 510/95, s. 5 (1).

(3) The records required in respect of a horse are the same as those required in respect of a food-producing animal. R.R.O. 1990, Reg. 1093, s. 22 (3).

(4) The records required in respect of poultry, for each bird or flock, shall contain the following information:

1. Bird or flock identification, or both, including species and type.
2. The client's name, address and telephone numbers.
3. The name and telephone number of a person to be contacted in the absence of the client.
4. Date of each service.
5. A history of the presenting complaint.
6. If there is a presenting complaint, particulars of each assessment, including any laboratory investigations performed or ordered by the member and the results of each assessment.
7. A note of any professional advice regarding the bird or flock and an indication of to whom the advice was given if other than to the client.
8. A complete record of all written prescriptions and drugs dispensed or prescribed by the member, made in accordance with section 27.
9. A copy of any report prepared by the member in respect of the bird or flock.
10. The fees and charges showing separately those for drugs and those for advice or other services.
11. Any additional records required by this Regulation. R.R.O. 1990, Reg. 1093, s. 22 (4).

(4.1) A member who provides veterinary services in a temporary facility is not required to keep the information referred to in subsections (1) to (4) in respect of an animal receiving services at the temporary facility but shall maintain records containing the information specified in the certificate of accreditation for the temporary facility in accordance with subsections (5) and (6). O. Reg. 233/15, s. 15 (3).

(4.2) A member who provides veterinary services with respect to an animal in the circumstances described in clause 18 (3) (d) or (e) shall obtain only as much of the information required under subsection (1), (2), (3) or (4), as the case may be, as can reasonably be obtained in the circumstances and shall keep records of the information obtained in accordance with subsections (5) and (6). O. Reg. 233/15, s. 15 (3).

(5) The records required under this section shall be,

(a) legibly written or typewritten;

(b) kept in a systematic manner;

(b.1) in practices of more than one practitioner or practices that employ locums, identified after each entry with the initials or code of the veterinarian responsible for the procedure; and

(c) retained for a period of at least five years after the date of the last entry in the record or until two years after the member ceases to practise veterinary medicine, whichever occurs first. R.R.O. 1990, Reg. 1093, s. 22 (5); O. Reg. 510/95, s. 5 (2).

(5.1) Each time a record required under this section is updated, the update or change to the record must be dated and documented so that,

(a) the update or change that is being made, as well as the date on which it is made, is clearly identifiable;

(b) each update or change that was previously made to the record, as well as the date on which each update or change was made, is clearly identifiable; and

(c) the content of the record before each update or change was made is preserved. O. Reg. 233/15, s. 15 (3).

(6) Despite subsection (5), the records required by this section may be made and maintained in an electronic computer system if it has the following characteristics:

1. The system provides a visual display of the recorded information.
2. The system provides a means of access to the record of each animal by its name or other unique identifier.
3. The system is capable of printing the recorded information promptly.
4. The system is capable of visually displaying and printing the recorded information for each animal in chronological order.
5. The system maintains an audit trail that,
    i. records the date and time of each entry of information for each animal,
    ii. indicates any changes in the recorded information,
    iii. preserves the original content of the recorded information when changed or updated, and
    iv. is capable of being printed separately from the recorded information for each animal.
6. The system includes a password and other reasonable methods of protecting against unauthorized access.
7. The system automatically backs up files and allows the recovery of backed-up files or otherwise provides reasonable protection against loss of, damage to, and inaccessibility of, information.
8. The system has a secure method that permits only the member to apply an electronic signature to a document that is issued electronically and must be signed by the member. O. Reg. 233/15, s. 15 (4).

(7) If a member uses an electronic computer system described in subsection (6) to keep his or her records, the member shall use the secure method referred to in paragraph 8 of that subsection to apply an electronic signature to any document that is issued electronically and must be signed by the member. O. Reg. 233/15, s. 15 (4).

PART III
DRUGS

23. (1) In this Part,

"controlled substance" means a controlled substance as defined in subsection 2 (1) of the *Controlled Drugs and Substances Act* (Canada); ("substance designee")

"pharmacist" means a member of the Ontario College of Pharmacists; ("pharmacien")

"prescription" means a direction from a member authorizing the dispensing of a drug or mixture of drugs to a client for a specified animal or group of animals; ("ordonnance")

"Schedule 1" means Schedule 1 established under section 3 of Ontario Regulation 264/16 (General) made under the *Drug and Pharmacies Regulation Act*. ("annexe 1") R.R.O. 1990, Reg. 1093, s. 23 (1); O. Reg. 510/95, s. 6; O. Reg. 161/04, s. 12 (1-3); O. Reg. 233/15, s. 16 (1-3); O. Reg. 260/22, s. 4.

(2) Revoked: O. Reg. 233/15, s. 16 (4).

24. Subsections 22 (5) and (6) apply to the registers, entries and other records required by this Part. R.R.O. 1990, Reg. 1093, s. 24.

25. (1) Every member who dispenses drugs shall maintain a system for filing the records of the purchase and dispensing of the drugs. R.R.O. 1990, Reg. 1093, s. 25 (1).

(2) A member shall keep a record of every drug that he or she purchases and, immediately upon receiving the drug, the member shall enter the following information in the record:

1. The date of purchase of the drug and if different, the date the member received the drug.
2. The name, strength and quantity of the drug received.
3. The name and address of the person from whom the drug was purchased.
4. The purchase price.
5. In the case of a controlled substance, the signature of the member who made the purchase and the signature of the person who received it. O. Reg. 233/15, s. 17.

(3) Revoked: O. Reg. 233/15, s. 17.

26. (1) If a member determines that a drug should be prescribed to treat an animal but the client requests that, instead of the member dispensing the drug, the member give a prescription for the drug, the member shall give the client the prescription and shall do so in writing unless subsection (2) applies. O. Reg. 233/15, s. 18.

(2) If the client requests an oral prescription, the member shall give the oral prescription so long as,

(a) the member gives the prescription orally either to another member, to a pharmacist or to a veterinarian practising outside Ontario;

(b) the client has selected or approved of the member, the pharmacist or the veterinarian practising outside Ontario to whom the prescription is to be given orally; and

(c) in the case of an oral prescription given to another member, the member giving the oral prescription is satisfied that the requirements of subsection 33 (1) or (1.1), as the case may be, will be met. O. Reg. 233/15, s. 18.

(3) A member who issues a written prescription shall sign the prescription and include the following information on the prescription:

1. The name, strength and quantity of the drug.
2. The name and address of the member.
3. The identity of the animal or group of animals for which the drug is prescribed.
4. The name of the client.
5. The prescribed directions for use.
6. The date the prescription is issued, including the day, month and year.
7. The withholding times if the prescription is for a food-producing animal.
8. The number of refills permitted, if any.
9. The member's name, in print or legible form.
10. The member's licence number issued by the College. O. Reg. 233/15, s. 18.

27. (1) A member who dispenses a drug shall make a written record showing,

(a) the name and address of the owner of the animal or group of animals for which the drug is prescribed;

(b) the name, strength and quantity of the prescribed drug;

(c) the directions for use if they are different than the directions for use on the manufacturer's label or if the manufacturer's label does not specify the directions for use;

(d) the date on which the drug is dispensed; and

(e) the price charged. R.R.O. 1990, Reg. 1093, s. 27 (1).

(2) The member shall retain the written record required under subsection (1) for a period of at least five years or until he or she ceases to practice veterinary medicine, whichever occurs first. R.R.O. 1990, Reg. 1093, s. 27 (2).

(3) A member who dispenses a drug shall mark the container in which the drug is dispensed with,

(a) the name, strength and quantity of the drug;

(b) the date the drug is dispensed;

(c) the name and address of the member;

(d) the identity of the animal or group of animals for which it is dispensed;

(e) the name of the owner of the animal or animals; and

(f) the prescribed directions for use. R.R.O. 1990, Reg. 1093, s. 27 (3).

(4) Except for a drug listed in Schedule 1, clauses (3) (a) and (f) do not apply if the container in which a drug is dispensed is the original and unopened container in which the drug was packaged, the original label on the container has not been altered and the prescribed directions for use are the same as the directions for use on the original label. R.R.O. 1990, Reg. 1093, s. 27 (4); O. Reg. 161/04, s. 15; O. Reg. 233/15, s. 19.

28. (1) A member who dispenses or administers a controlled substance shall keep a controlled substances register and shall enter the following information in it,

1. The date the controlled substance is dispensed or administered.
2. The name and address of the client.
3. The name, strength and quantity of the controlled substance dispensed or administered.
4. The quantity of the controlled substance remaining in the member's inventory after the controlled substance is dispensed or administered. O. Reg. 233/15, s. 20.

(2) A member shall,

(a) protect controlled substances in his or her possession from loss and theft; and

(b) report any loss or theft of controlled substances in his or her possession to,

(i) a police officer immediately upon discovery of the loss or theft, and

(ii) the Minister of Health for the Government of Canada within 10 days of discovering the loss or theft. O. Reg. 233/15, s. 20.

(3) A member shall not permit any person, other than another member or an auxiliary acting upon the specific direction of a member, to dispense, administer or have access to the controlled substances in the member's possession. O. Reg. 233/15, s. 20.

(4) A member shall ensure that the controlled substances in his or her possession are kept in a locked storage area designed and constructed to ensure the reasonable security of the controlled substances. O. Reg. 233/15, s. 20.

(5) The storage area mentioned in subsection (4) shall be kept locked except when a controlled substance is being placed in or removed from the storage area. O. Reg. 233/15, s. 20.

(6) A member shall not prescribe, administer or dispense a controlled substance unless,

(a) the animal for which the controlled substance is prescribed or dispensed or to which it is administered is an animal under his or her professional treatment; and

(b) the controlled substance is required for a condition for which the animal is receiving treatment from the member. O. Reg. 233/15, s. 20.

29., 30. REVOKED: O. Reg. 398/07, s. 13.

31. (1) In this section,

"withholding time" means, in reference to an animal that receives a drug or substance, the period of time for which the animal or the product of the animal should be withheld or withdrawn from sale for consumption. R.R.O. 1990, Reg. 1093, s. 31 (1).

(2) When a member prescribes, dispenses or administers a drug or substance for use in food-producing animals, the member shall advise the client of an appropriate withholding time, which shall be at least as long as the withholding time recommended by the manufacturer of the drug or substance. O. Reg. 233/15, s. 21.

(3) The container in which the drug or substance is dispensed shall include on the label, legibly and conspicuously displayed on the outer surface of the container, a warning of an appropriate withholding time, which shall be at least as long as the withholding time recommended by the manufacturer. R.R.O. 1990, Reg. 1093, s. 31 (3).

(4) When a member dispenses a drug or substance for use in food-producing animals and the member knows or suspects that use will be made or a dosage will be administered of the drug or substance that is different than the use or dosage that is customary or recommended by the manufacturer, the member shall, in addition to the advice required under subsection (2), advise the recipient of the drug or substance that the appropriate withholding time is not known but should be substantially longer than the recommended withholding time. R.R.O. 1990, Reg. 1093, s. 31 (4).

32. (1) In this section,

"child resistant package" means a container or package that meets the standards for child resistant packages prescribed by the *Food and Drug Regulations* made under the *Food and Drugs Act* (Canada).

(2) A member shall dispense a drug in a child resistant package unless,

(a) a child resistant package is unobtainable through no fault of the member;

(b) a child resistant package is not suitable because of the amount or physical form of the drug;

(c) the recipient directs otherwise; or

(d) in the best interests of the recipient it is advisable not to use a child resistant package. R.R.O. 1990, Reg. 1093, s. 32 (2); O. Reg. 510/95, s. 8; O. Reg. 233/15, s. 22.

33. (1) No member shall administer, dispense or prescribe a drug unless,

(a) the requirements of subsection 18 (2) or (3) have been met in respect of the animal or group of animals to which the drug is going to be administered, dispensed or prescribed;

(b) the member has sufficient knowledge of the animal or group of animals by virtue of a history and inquiry and either physical examination of the animal or group of animals or medically appropriate and timely visits to the premises where the animal or group of animals is kept to reach at least a general or preliminary diagnosis;

(c) the member believes that the drug is prophylactically or therapeutically indicated for the animal or group of animals; and

(d) the member is readily available in case of adverse reactions to the drug or failure of the regimen of therapy. R.R.O. 1990, Reg. 1093, s. 33 (1); O. Reg. 431/00, s. 7; O. Reg. 233/15, s. 23 (1).

(1.1) Subsection (1) does not apply to a member who administers or dispenses a drug, other than a controlled substance, pursuant to an oral or written prescription from another member if,

(a) it is not reasonably possible for the client to obtain the drug from the prescribing member or a pharmacy;

(b) it is necessary in the interests of the animal to administer or dispense the drug without the delay that would be associated with returning to the prescribing member;

(c) the member makes a reasonable effort to discuss the matter with the prescribing member;

(d) the member conducts a sufficient assessment of the animal's circumstances, which may not require a physical examination in every case, to ascertain that it is unlikely that there has been a material change in the circumstances since the prescription was given;

(e) the quantity of the drug dispensed is no more than would reasonably enable the client to return to the prescribing member for future prescriptions or quantities of the drug; and

(f) the member makes a written record of the transaction as otherwise required by this Regulation. O. Reg. 161/04, s. 19 (1); O. Reg. 233/15, s. 23 (2).

(2) No member shall,

(a) sign a blank prescription form;

(b) knowingly represent that a drug is a drug which it is not or that it contains a substance which it does not;

(c) mail a controlled substance or a drug referred to in Schedule 1, or have it otherwise delivered, using a means of delivery other than registered mail or any other method of delivery that,

(i) allows the controlled substance or drug to be tracked, and

(ii) requires the person receiving the controlled substance or drug to sign for its receipt;

(d) knowingly dispense a drug for resale except where the drug is dispensed to another member or a pharmacist in reasonably limited quantities in order to address a temporary shortage experienced by that other member or pharmacist;

(e) prescribe a drug, dispense or administer a drug, or possess a drug for the purpose of dispensing or administering it, at any place other than a veterinary facility where he or she practises veterinary medicine; or

(f) dispense pharmaceutical product T-61 except if it is for administration by a member or a person who is known to the member to be competent in the humane administration of euthanasia and aware of the advisability of administering sedation to the animal before administering the product and who,

(i) is an auxiliary of the member acting upon the specific direction of the member, or

(ii) is carrying out euthanasia procedures on animals, including wild animals, while,

(A) operating, or being employed by a person operating, a pound or research facility within the meaning of the *Animals for Research Act*,

(B) being employed by the Ontario Society for the Prevention of Cruelty to Animals or an affiliate of the Society, or

(C) acting as a wildlife custodian within the meaning of section 44 of the *Fish and Wildlife Conservation Act, 1997*. R.R.O. 1990, Reg. 1093, s. 33 (2); O. Reg. 407/92, s. 5; O. Reg. 161/04, s. 19 (2); O. Reg. 398/07, s. 14; O. Reg. 233/15, s. 23 (3).

PART IV
ADVERTISING

34. In this Part,

"ancillary services" means boarding, grooming, funeral services and sales of foods, supplies and other goods and services used by or with animals that is provided by a member whether as part of, or separately from, his or her practice of veterinary medicine. R.R.O. 1990, Reg. 1093, s. 34.

35. A member shall not advertise or communicate the availability of veterinary or ancillary services except in accordance with this Part. O. Reg. 260/22, s. 5.

36. (1) A member shall ensure that information included in their advertisements complies with the following rules:

1. The information must be factual, accurate and verifiable.
2. The information must not,
   i. be false, misleading or deceptive by the inclusion or omission of information,
   ii. contain any comparative or superlative statements, or
   iii. contain any endorsement or promotion of drugs or third-party service providers.
3. The information must not reasonably be regarded by the members as likely to demean the integrity or dignity of the profession or to bring the profession into disrepute. O. Reg. 260/22, s. 5.

(2) No member shall cause or permit their status as a licensed veterinarian to be used in any communication offering a product or service to the public other than products, veterinary services or ancillary services that are offered by the member in their professional capacity. O. Reg. 260/22, s. 5.

(3) A member shall not use a term, title or designation which indicates specialization in veterinary medicine or represents to the public that the member is a specialist or is specially qualified in a branch of veterinary medicine, unless the member is qualified in that specialization in accordance with subsection (4). O. Reg. 260/22, s. 5.

(4) In order to be qualified in a specialization for the purposes of subsection (3), a member must be a graduate of a program that is approved by the Council and is designed to educate a person to be a veterinary specialist in that area. O. Reg. 260/22, s. 5.

37. REVOKED: O. Reg. 233/15, s. 25.

38. REVOKED: O. Reg. 260/22, s. 5.

39., 40. REVOKED: O. Reg. 233/15, s. 26.

41., 41.1 REVOKED: O. Reg. 260/22, s. 5.

PART V
CONFLICT OF INTEREST

42. (1) In this Part,

"related person" means a person connected with a member by blood relationship, marriage or adoption, and,

(a) persons are connected by blood relationship if one is the child or other descendent of the other or one is the brother or sister of the other,

(b) persons are connected by marriage if one is married to the other or to a person who is connected by blood relationship to the other, and

(c) persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other or as the child of a person who is so connected by blood relationship, except as a brother or sister, to the other. R.R.O. 1990, Reg. 1093, s. 42 (1).

(2) A member has a conflict of interest where the member, or a related person, or an employee or employer of the member, directly or indirectly,

(a) enters into any agreement, including a lease of premises, under which any amount payable by or to a member or a related person is related to the amount of fees charged by the member or the net revenue from the member's practice of veterinary medicine or any other measure of financial performance respecting the member's practice of veterinary medicine; or

(b) receives, makes or confers a fee, credit or other benefit by reason of the referral or transfer of an animal or a specimen from or to any other person. R.R.O. 1990, Reg. 1093, s. 42 (2); O. Reg. 233/15, s. 28 (1).

(3) Clause (2) (a) does not prevent a member,

(a) from entering into a partnership, association or employment agreement with another member under which the drawings, interest or remuneration of the partners, associates or employees, as the case may be, is related to the amount of fees charged by them, the net revenue from their practice of veterinary medicine or any other measure of financial performance respecting their practice of veterinary medicine; or

(b) from entering into an agreement with another member to form a professional corporation, under which the drawings, interest or remuneration of the members is related to the amount of fees charged by them, the net revenue from their practice of veterinary medicine or any other measure of financial performance respecting their practice of veterinary medicine. O. Reg. 24/02, s. 3; O. Reg. 161/04, s. 20 (1); O. Reg. 233/15, s. 28 (2, 3).

(4) Clause (2) (b) does not prevent a member from referring or transferring an animal or a specimen to another veterinarian who is a partner, associate, employer or employee of the member if,

(a) the animal is seen or the specimen is examined in the same facility by both veterinarians; or

(b) the member provides a written explanation to the client of the member's relationship to the other veterinarian, if the animal is seen or the specimen is examined in a different facility. O. Reg. 161/04, s. 20 (2).

(5) Clause (2) (b) does not prevent a member from referring or transferring an animal or a specimen to a corporation or other business entity from which the member receives a benefit, by reason only that the member or a related person has an interest in the corporation or other business entity, if,

(a) the member provides a written explanation to the client of the member's or related person's interest in the corporation or other business entity;

(b) the member provides written notice to the client that, if the client chooses another service provider, the client's choice will not affect the client's ability to obtain services from the member unless the choice would result in the care provided to the animal being unco-ordinated;

(c) in the case of laboratory testing or radiological or other technical procedures, the member provides a written explanation to the client that the member is professionally responsible for the quality of the testing or technical procedures performed for the animal; and

(d) the member provides the College, upon request, documents demonstrating that the member has complied with clauses (a), (b) and (c). O. Reg. 161/04, s. 20 (2).

43. (1) In this section,

"employer" includes a principal. R.R.O. 1990, Reg. 1093, s. 43 (1); O. Reg. 233/15, s. 29 (1).

(2) It is a conflict of interest for a member who is employed by a person other than another member or a professional corporation, or who has a contract to provide veterinary services with such a person, to perform veterinary services in the course of his or her employment or pursuant to his or her contract for a client other than the employer or the contractor. O. Reg. 233/15, s. 29 (2).

(3) Despite subsection (2), a member who is employed by any of the following persons or entities, or who has a contract to provide services with any of the following persons or entities, does not have a conflict of interest if, in the course of his or her employment or pursuant to his or her contract, he or she performs veterinary services for a client other than the employer or the contractor:

1. The Crown in right of Canada or the Crown in right of Ontario or an agency of the Crown.
2. Any university, college of applied arts and technology or post-secondary institution in Ontario, the enrolments of which are counted for purposes of calculating annual operating grants received from the Government of Ontario.
3. Any post-secondary institution that is affiliated with a university referred to in paragraph 2, the enrolments of which are not counted for purposes of calculating annual operating grants received from the Government of Ontario.
4. A Royal Military College.
5. A pound operated under the *Animals for Research Act* or an entity prescribed under subsection 6 (1) of Ontario Regulation 447/19 (Ministerial Prescriptions) made under the *Provincial Animal Welfare Services Act, 2019*.
6. The estate trustee of a deceased member or an attorney pursuant to a continuing power of attorney or a Guardian of Property of a mentally incapacitated member, for a reasonable period of time after the member's death or the commencement of the member's incapacity to settle matters.
7. A zoo or a wildlife rehabilitation centre. O. Reg. 233/15, s. 29 (2); O. Reg. 260/22, s. 6.

(4) Despite subsection (2), a member who is employed by, or has a contract to provide veterinary services with, a municipal corporation does not have a conflict of interest with respect to any spay or neuter procedures, including the pre-operative, intra-operative and post-operative management services usually associated with such procedures, that the member performs in the course of his or her employment or pursuant to his or her contract, for a client other than the municipal corporation. O. Reg. 233/15, s. 29 (2).

(4.1) Despite subsection (2), a member who is employed by, or has a contract to provide veterinary services with, an individual, partnership or corporation that sells food or drug products for use in food-producing animals, does not have a conflict of interest with respect to veterinary services that the member provides in the course of his or her employment or pursuant to his or her contract, if the following conditions are met:

1. The veterinary services must relate to the food or drug products sold by the employer or contractor.
2. The veterinary services must be provided to an established customer of the employer or contractor at the customer's farm or at a similar establishment.
3. The member must take all reasonable steps to notify the veterinarian who would normally attend the client's animals of the member's visit and the reasons for it so that that veterinarian may discuss the matter with the client and, if desirable, arrange to meet the member before or at the visit. O. Reg. 233/15, s. 29 (2).

(4.2) Despite subsection (2), a member who is employed by, or has a contract to provide veterinary services with, Eastgen Incorporated does not have a conflict of interest with respect to the following veterinary services that the member provides, in the course of his or her employment or pursuant to his or her contract, to animals that are not owned by Eastgen Incorporated:

1. In the case of a member who has been continuously employed by, or under a contract for veterinary services with, Eastgen Incorporated since September 14, 1998, services in respect of fertility, including ova and embryo transfer.
2. In the case of a member who was employed by, or entered into a contract for veterinary services with, Eastgen Incorporated after September 14, 1998, ova and embryo transfer services. O. Reg. 233/15, s. 29 (2).

(5) Despite subsection (2), it is not a conflict of interest for a member to provide veterinarian services under the following circumstances:

1. The member is employed by, or has a contract to provide services to, an entity that is an individual, a partnership or a corporation.
2. The entity does not provide services or products that are exclusive to veterinary medicine.
3. In the course of the member's employment or provision of services, the member performs veterinary services related only to the entity's products or services, for an established customer of the entity and at the customer's farm or similar establishment.
4. In the course of the member's employment or provision of services, the member takes all reasonable steps to notify the normally attending veterinarian of the member's proposed visit and the reasons for it so that the normally attending veterinarian can discuss the matter with his or her client, and, if desirable, arrange to meet the member before or at the visit. O. Reg. 431/00, s. 10 (3); O. Reg. 233/15, s. 29 (3, 4).

(6) Despite subsection (2), it is not a conflict of interest for a member to provide veterinary services under the following circumstances:

1. The member is employed by, or has a contract to provide services to, an entity that is an individual, a partnership or a corporation.
2. The entity is engaged in manufacturing or selling feed for poultry or is engaged in breeding, hatching, growing, processing or feeding poultry.
3. The entity does not offer veterinary services as an inducement to others to buy its products or to sell products to it. O. Reg. 431/00, s. 10 (3); O. Reg. 233/15, s. 29 (5).

(7) Despite anything in subsections (3) to (6), a member who is employed by a person or entity described in any of those subsections, or who has a contract to provide veterinary services with such a person, has a conflict of interest in respect of any services that the member provides where the employer or contractor exercises control or influences any of the clinical or professional aspects of the provision of services. O. Reg. 233/15, s. 29 (6).

(8) For greater certainty, subsection (7) applies even where the member is providing services to an animal that is owned by, or in the custody of, the person who employs the member or with whom he or she has a contract for the provision of veterinary services. O. Reg. 233/15, s. 29 (6).

44. (1) A member has a conflict of interest if the member or a partner or associate of the member,

(a) inspects or assesses an animal on behalf of both the seller and the buyer of the animal; or

(b) being regularly engaged by the seller or buyer of an animal, inspects or assesses an animal on behalf of the other party to a sale. R.R.O. 1990, Reg. 1093, s. 44 (1).

(2) Despite subsection (1), a member, or a partner or associate of the member, may inspect or assess an animal on behalf of both the buyer and seller of the animal or, where one or more of them are regularly engaged by the seller or buyer of an animal, any of them may inspect or assess an animal on behalf of the other party to a sale if, before accepting engagement by the second party, he or she,

(a) informs both parties of the conflict of interest and of the circumstances giving rise to it;

(b) informs both parties that no information received by the member, or a partner or associate of the member, in connection with the transaction can be treated as confidential so far as the other party is concerned; and

(c) after informing the parties under clauses (a) and (b), obtains the consent of both parties to inspect or assess the animal on behalf of both of them, which shall be in writing unless it is impracticable to obtain the consent in written form. R.R.O. 1990, Reg. 1093, s. 44 (2).

PART V.1 (SS. 44.1- 44.11) REVOKED: O. REG. 398/07, S. 16.

PART VI (S. 45) REVOKED: O. REG. 233/15, S. 30.

PART VII
ADMINISTRATION

46., 47. REVOKED: O. Reg. 398/07, s. 17.

48. (1) A member in private practice in Ontario shall maintain a principal place of practice. R.R.O. 1990, Reg. 1093, s. 48 (1).

(2)-(5) REVOKED: O. Reg. 398/07, s. 18.

49. REVOKED: O. Reg. 398/07, s. 19.

50. (1) The Registrar shall cause, and the members shall permit, the inspection of facilities and of the records kept by members in connection with the practice of veterinary medicine, in order to determine if,

(a) the facility is being operated under and in accordance with a certificate of accreditation;

(b) the facility and the applicant or holder of a certificate of accreditation meet the qualifications and requirements for a certificate of accreditation;

(c) the records in respect of the practice of veterinary medicine are being kept as required; and

(d) the veterinary medicine being practised is generally in accordance with the standards of practice of the profession. R.R.O. 1990, Reg. 1093, s. 50 (1).

(2) A holder of a certificate of accreditation who meets the requirements of section 11 is eligible for a renewal of the certificate if an application for the renewal is submitted not earlier than five months and not later than three months before the expiry of the certificate. R.R.O. 1990, Reg. 1093, s. 50 (2); O. Reg. 260/22, s. 7 (1).

(3) If an application for renewal is not submitted in the time specified under subsection (2) and the certificate of accreditation expires, the holder of the certificate must submit a new application. R.R.O. 1990, Reg. 1093, s. 50 (3).

(4) Upon receipt of an application for renewal, the Registrar shall promptly cause an inspection under subsection (1) to be carried out. R.R.O. 1990, Reg. 1093, s. 50 (4).

(5) If a holder of a certificate of accreditation applies in accordance with subsection (2), and the inspection does not occur one month or more before the expiry of the certificate of accreditation, the certificate of accreditation remains valid,

(a) until the Registrar renews the certificate of accreditation; or

(b) where the Registrar refuses to renew the certificate of accreditation, until the Accreditation Committee decides the disposition of the application. R.R.O. 1990, Reg. 1093, s. 50 (5).

(6) If a member applies for a certificate of accreditation and complies with section 11, the Registrar shall promptly cause an inspection to be carried out in order to determine if the veterinary facility meets the applicable standards established under subsection 8 (1) of the Act. R.R.O. 1990, Reg. 1093, s. 50 (6); O. Reg. 260/22, s. 7 (2).

51. (1) Subject to subsection (2), the name of a member entered in the register shall be the same as the name of the member in the documentary evidence of his or her basic degree in veterinary medicine. R.R.O. 1990, Reg. 1093, s. 51 (1).

(2) The Registrar shall direct the entry of a name other than the name required by subsection (1) if the member satisfies the Registrar that the use of the other name is not for an improper purpose and deposits with the College,

(a) a certified copy of an order of a court of competent jurisdiction in Ontario changing the member's name or a change of name certificate issued under the *Change of Name Act*;

(b) a certified copy of a valid certificate of marriage or of a decree absolute of divorce from a court in Canada;

(c) documentary material that, in the opinion of the Registrar, sufficiently identifies the member as the person named in the documentary evidence of his or her basic degree in veterinary medicine; or

(d) any combination of material referred to in clauses (a), (b) and (c). R.R.O. 1990, Reg. 1093, s. 51 (2).

(3) Subsection (2) applies with necessary modifications to an applicant for a licence. R.R.O. 1990, Reg. 1093, s. 51 (3).

52. (1) The Registrar shall enter in the register the following information for each member:

1. The name of the member, and if the member has changed his or her name, any past names used by the member since beginning to practise veterinary medicine.

2. The university and year of graduation of the member.
3. The year the member joined the College.
4. The member's principal place of practice or residence.
5. The address of the member's principal place of practice or, if none, a current address for contacting the member.
6. The member's business telephone number, if there is one.
7. The member's professional activity.
8. The member's employment function and type of employment.
9. The language or languages in which the member can offer professional services.
10. The class of licence held by the member.
11. The conditions and limitations imposed on the member's licence.
12. A notation of every decision or sanction imposed on the member's licence. O. Reg. 398/07, s. 20; O. Reg. 233/15, s. 31 (1).

(2) Once information is placed in the register, the Registrar shall not remove the information from the register unless he or she is satisfied that,

(a) the information is obsolete and no longer relevant to the member's suitability to practise; or

(b) maintaining the information in the register would jeopardize the safety of a person. O. Reg. 233/15, s. 31 (2).

53. (1) Any person may inspect the information entered in the register or in the directory during the normal hours of operation of the College's offices. R.R.O. 1990, Reg. 1093, s. 53 (1).

(2) The register or the directory may be maintained in an electronic form and, if so, the information entered in the register or in the directory shall be capable of being printed promptly. R.R.O. 1990, Reg. 1093, s. 53 (2).

(3) The Registrar may give information from the register or the directory to any person in printed form or orally. R.R.O. 1990, Reg. 1093, s. 53 (3).

54. (1) The Registrar shall issue a certificate of standing in respect of a member to any person who requests a certificate and pays the appropriate fee set out in the by-laws. R.R.O. 1990, Reg. 1093, s. 54 (1); O. Reg. 398/07, s. 21.

(2) A certificate of standing shall set out,

(a) the information respecting the member that is entered in the register; and

(b) whether there is any outstanding referral to the Discipline Committee or the Registration Committee in respect of the member. R.R.O. 1990, Reg. 1093, s. 54 (2).

55. (1) The Registrar shall publish the written reasons for any decision of the Discipline Committee in the original or a modified form and, in any such publication,

(a) the identity of the member shall be made known if the name of the member or former member is required by the Act to be included in the publication of the Committee's finding; or

(b) if clause (a) does not apply, the identity of the member shall not be made known unless the member requests in writing that he or she be identified. R.R.O. 1990, Reg. 1093, s. 55 (1).

(2) The written reasons for a decision of the Discipline Committee, in their original or modified form, shall be available to the public upon request. R.R.O. 1990, Reg. 1093, s. 55 (2).

(3) The Registrar may communicate orally or in writing, or both, the decision of the Discipline Committee to any complainant and upon request, to any witness who testified at the hearing and the Registrar may also provide any other information necessary to explain the proceedings and the decision to the complainant or witness, including a copy of any written reasons of the committee in their original or modified form. R.R.O. 1990, Reg. 1093, s. 55 (3).

(4) The Registrar may publish the findings and reasons for a decision of the Registration Committee in respect of impairment proceedings but, in any such publication, the identity of any member who is the subject of impairment proceedings shall not be made known. R.R.O. 1990, Reg. 1093, s. 55 (4).

(5) The Registrar may confirm the licence number of a member to any person who requests it. O. Reg. 398/07, s. 22.

56. Information in respect of matters referred to in subsection 38 (1) of the Act may be disclosed,

(a) upon the approval of the Executive Committee, to a law enforcement agency for an investigation with a view to law enforcement;

(a.1) to a body that regulates a profession, whether inside or outside of Ontario, or to an umbrella organization for such bodies, where the College believes that such disclosure is in the public interest or that such disclosure will promote reciprocal disclosure of regulatory information; or

(b) for publication in statistical form as long as individual confidentiality is preserved. O. Reg. 165/94, s. 1; O. Reg. 398/07, s. 23.

SCHEDULE REVOKED: O. REG. 398/07, S. 24.

Français

North American **Essential Competency Profile** for Veterinary Medicine

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Preface

The publication of the first *North American Essential Competency Profile for Veterinary Medicine* is an achievement that reflects the vision and leadership within the veterinary medicine regulatory community. This document places competence as a clear and central component of modern regulation. The Profile outlines competencies that are necessary for the safe and effective practice of veterinary medicine throughout a veterinarian's career, regardless of role, setting, or specialization.

This project was initiated in 2018 by the American Association of State Veterinary Boards, the Canadian Council of Veterinary Registrars, the College of Veterinarians of Ontario, and the International Council for Veterinary Assessment. These project sponsors were joined by the Canadian National Examining Board, the American Association of Veterinary Medical Colleges, and the Educational Commission for Foreign Veterinary Graduates to create a strong vision for the Profile's widespread distribution and use.

The *North American Essential Competency Profile* is a foundational document and is intended for use by all regulators in Canada and the United States to promote and assure the consistency of the competence of licensed/registered members in their respective jurisdictions.

Acknowledgements

Creation of the *North American Essential Competency Profile for Veterinary Medicine (Essential Competency Profile)* was made possible through the combined efforts of numerous contributors. The 10-member project Advisory Group, representing the Canadian and United States veterinary education, examination, and regulatory communities, provided guidance throughout the effort. The 14-member project Task Force worked tirelessly and thoughtfully across numerous sessions to draft and refine the *Essential Competency Profile*. An additional 43 veterinary practitioners and regulators participated in focus groups and provided crucial feedback on an interim draft. All contributors are listed in Appendix C.

While space and privacy considerations preclude our naming them, we are deeply appreciative of the over 2000 veterinarians who completed the survey to validate the profile elements.

We are grateful to our research partners at ACT — Patricia Muenzen, PhD, Carla Caro, MA, and Sandra Greenberg, PhD — for leading the project, and to Sarah Adams at the College of Veterinarians of Ontario for providing administrative support.

Frank Richardson
DVM, Advisory Group Chair

Jan Robinson
Project Chair

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Introduction

The competence of a licenced professional is fundamental to the concept of profession-based regulation. For veterinary medicine, competence is what is expected by regulators at the time of licensure/registration and what is expected by the public in every interaction with a veterinarian.

Despite its long and respected history, the profession of veterinary medicine in Canada and the United States has never had a document that expressly describes the specific set of competencies that a veterinarian, dependent on their role or scope of practice, is expected to demonstrate. This gap has left the regulator, the profession, and the public describing competence by other means—bylaws, standards of practice, task analyses, and perhaps other less relevant sources.

The term competence or competency is well defined in the education and organizational psychology literature, and it speaks directly to the essential or significant job-related knowledge, skills, and abilities of an individual to safely practice in an occupation, in this case veterinary medicine. Creating clarity on these essential competencies brings into focus requirements for both initial licensure/registration and ongoing monitoring and assessment to ensure the maintenance of veterinarians' competence throughout their careers.

Essential competencies describe the essence of what makes a good practitioner; identification and validation of competencies facilitate the articulation of consistent expectations about performance within the regulatory community. Because veterinary medicine encompasses a range of clinical and non-clinical practice roles, the *Essential Competency Profile* uses broad language and is meant to be widely applicable. At the same time, given differences in their role, area of focus, and practice context, there is no assumption that every veterinarian actively demonstrates every competency. That said, some competencies always apply (e.g.,

Despite its long and respected history, the profession of veterinary medicine in Canada and the United States has never had a document that expressly describes the specific set of competencies that a veterinarian, dependent on their role or scope of practice, is expected to demonstrate.

Professionalism) and some competencies apply primarily to some veterinarians as a function of their type of practice or the setting in which they work.

The *Essential Competency Profile* is not intended to prescribe universal education or practice requirements. Detailed information on how to perform tasks is normally found in standards of practice, or in bylaws or rules at the jurisdictional level. Its primary purpose is for use by the regulatory community as a foundational document supporting a focus on competence in regulatory initiatives.

Although the scope of practice of a veterinarian may vary by jurisdiction, the competencies detailed in the *Essential Competency Profile* are intended to be a benchmark for use by all regulatory agencies in Canada and the United States.

In providing a common framework that describes veterinary competence, the *Essential Competency Profile* aims to support multiple regulatory programs and initiatives, inclusive of:

- Informing licensure/registration requirements, such as examination and training
- Encouraging the development of self-assessment tools for use by international candidates prior to application
- Facilitating inter-jurisdictional labor mobility and promoting harmonization
- Supporting quality assurance mechanisms including periodic evaluation of essential competencies in practice
- Increasing clarity in discipline decisions related to failure to maintain standards or conduct unbecoming
- Assisting mentors who provide remediation programs
- Identifying learning needs within remediation orders
- Providing expectations related to requests for re-entry or changes of area of practice

Finally, the *Essential Competency Profile* should be considered a living document. The practice of veterinary medicine is dynamic, as are the societal demands on animal health and welfare and its intersection with One Health. Regulators should review the *Essential Competency Profile* periodically to ensure that the articulated competencies remain current and relevant for all its potential purposes.

Overarching Assumptions about the Essential Competencies

The *Essential Competency Profile* provides the veterinary regulatory sector in North America with a description of the competencies that are expected to be demonstrated by veterinarians throughout their careers.

The competencies and indicators describe benchmark expectations of performance from a regulatory perspective. As such, they are not intended to represent aspirational levels of performance or best practices; rather, the intent is to capture the baseline level of competence relevant to regulators who are responsible for ensuring practitioner competence from the first day to the final day of veterinary medicine practice.

The following assumptions guided the creation of the *Essential Competency Profile*:

- The competencies articulated in the profile are expected to be maintained across the career span.
- They apply to veterinary practice in both Canada and the United States.
- They apply across practice settings and species treated, as well as to those in both generalist and specialist practice.
- Not all competencies may be applicable to all practitioners in their various jobs across their careers.

Development of the Competency Profile

Four organizations representing regulation and assessment within the veterinary medical profession in Canada and the United States united in the initiative to create the North American *Essential Competency Profile for Veterinary Medicine (Essential Competency Profile)*. These organizations include the American Association of Veterinary State Boards (AAVSB), the Canadian Council of Veterinary Registrars (CCVR), the College of Veterinarians of Ontario (CVO), and the International Council for Veterinary Assessment (ICVA). Representatives from these four organizations were joined by advisors from the American Association of Veterinary Medical Colleges (AAVMC), the Canadian National Examining Board (NEB), and the Educational Commission for Foreign Veterinary Graduates (ECFVG). Together, key leadership from these seven organizations made up the Advisory Group for the project.

Under the guidance and oversight of the Advisory Group, a Task Force carried out the work of drafting the elements of the *Essential Competency Profile*. The work of the Task Force was facilitated by ACT, the sponsoring organizations' research partner. Task Force appointments were made following a call for volunteers to participate in the project and were based on careful review of the overall balance of the group in representing different perspectives on veterinary medicine practice. The Task Force included practitioners, educators, and regulators from Canada and the United States.

In creating their first draft of the *Essential Competency Profile*, the Task Force drew upon their own expertise as well as the following resources:

- American Association of Veterinary Medical Colleges. *Competency-Based Veterinary Education: CBVE Framework* (2018).
- International Council for Veterinary Assessment and National Board of Medical Examiners. *NAVLE Competency Domains* (2019).
- Royal College of Veterinary Surgeons. *Day One Competencies* (2020).
- US and Canadian competency profiles from other health professions including medicine, nursing, and pharmacy.

After the Task Force had created its first full draft of the profile, stakeholder consultation was sought with additional members of the veterinary practitioner, educator, and regulatory communities. Calls for participation in stakeholder

focus groups were initiated by CCVR and AAVSB, and participants were selected from the pool of nominees to represent diverse practice settings and roles. A total of 43 members of the profession provided feedback on the work in progress over the course of seven focus panels. The Task Force finalized the *Essential Competency Profile* after carefully considering and incorporating information provided by the external stakeholders.

A survey was conducted in Canada and the United States to gather validation evidence for all elements in the *Essential Competency Profile*. More than 2000 members of the veterinary profession participated in the survey. The results supported the importance of each element in the profile to safe and effective veterinary practice across the career continuum for Canadian and US veterinarians.

Organization Structure and Elements

The *Essential Competency Profile* comprises Competencies and Indicators within seven defined Competency Areas:

1. **Clinical Reasoning and Animal Care**
2. **Population Health Management**
3. **Communication**
4. **Collaboration**
5. **Professionalism**
6. **Practice Setting**
7. **Progressive Practice**

Each Competency Area begins with a definition conveying its overall scope and intent. Competency statements are associated with each competency area; these are the ways performance in the competency area is demonstrated in veterinary practice. Competencies are shown in the left column of the *Essential Competency Profile*. Each competency is further illustrated by several indicators, which operationalize how the competency is manifest by a veterinarian. Indicators are shown in the right column of the profile. Terms defined in the glossary (see Appendix A) are shown in purple font the first time they appear.

The *Essential Competency Profile* resulting from the work of the Advisory Group, the Competency Development Task Force, a comprehensive external review and feedback initiative, an iterative refinement process, and a large-scale survey of veterinarians across Canada and the United States follows.

1.0 | Clinical Reasoning and Animal Care

Definition: Provides safe and effective care to individual animals and animal groups, applying clinical reasoning and drawing upon current knowledge and clinical skills.

#	Competency	Indicator
1.1	**Obtains and integrates relevant information about individual animals or populations**	• Collects accurate and pertinent history • Gathers information about animals and their environment • Performs clinical examinations appropriate to presenting conditions • Obtains and correctly interprets relevant diagnostics
1.2	**Triages situations and allocates resources**	• Recognizes emergent situations and directs action • Triages cases to address those patients or conditions most in need of urgent care first
1.3	**Establishes diagnoses**	• Synthesizes collected information to identify problems • Develops, actively refines, and prioritizes a list of potential diagnoses until arriving at working or definitive diagnoses
1.4	**Establishes and refines diagnostic and therapeutic plans based on best available evidence**	• Appraises and acts on current and evolving clinical information • Provides justification for diagnostic and therapeutic plans • Monitors and re-evaluates animal progress in a timely manner and determines appropriate actions • Recognizes and addresses unexpected outcomes • Considers prognosis when making diagnostic and therapeutic plans • Consults with other professionals and refers as needed

1.0 | Clinical Reasoning and Animal Care continued...

#	Competency	Indicator
1.5	**Provides care that incorporates animal welfare, owner's expectations, and economic considerations**	• Elicits owner's goals, expectations, perspectives, and constraints • Considers disease as it relates to individual animals, populations, and owner(s) • Clarifies risks and benefits of care options so veterinarians and owners can provide needed care within limitations of available resources • Recognizes and takes action to manage pain and distress • Discusses euthanasia as an option when appropriate
1.6	**Performs veterinary procedures and provides appropriate post-procedural care to address animal needs**	• Performs diagnostic and therapeutic procedures correctly and safely • Safely anesthetizes and recovers patients • Provides appropriate analgesia before, during, and after veterinary procedures
1.7	**Manages the physiological, affective, and behavioral needs of patients**	• Manages pain and patient comfort • Handles and restrains animals safely and humanely
1.8	**Prescribes, dispenses, and administers drugs and biologics correctly and responsibly**	• Uses sound clinical judgment when prescribing • Adheres to applicable regulatory requirements • Uses appropriate prescription writing and labeling • Practices safe handling and storage of drugs and biologics • Acts to minimize risks to food safety

2.0 | Health Management

Definition: Develops, applies, and evaluates wellness and disease prevention and mitigation policies and practices to protect animals, people, and the environment.

#	Competency	Indicator
2.1	**Promotes comprehensive wellness and preventive care measures in accordance with accepted standards for animal health and welfare, as well as public and environmental health**	• Recommends appropriate disease prevention and control measures • Provides nutritional and feeding advice appropriate to life stage and health status • Promotes behavioral health and well-being • Counsels owners about housing and husbandry needs • Monitors productivity and health
2.2	**Advises owners on practices that promote animal welfare**	• Provides education regarding the physical, affective, and natural needs of animals • Advises on ethical and welfare-related aspects of animal production, handling, and care • Advises on humane animal husbandry and transport/ travel
2.3	**Recommends and evaluates protocols to limit exposure to pathogens and disease**	• Identifies risks for transmission of infectious agents • Recommends and evaluates **biosecurity protocols** tailored to specific situations that address isolation, disinfection, movement of animals and people, and waste disposal

2.0 | Health Management continued...

#	Competency	Indicator
2.4	**Identifies and responds to infectious diseases**	• Identifies the clinical signs, clinical course, transmission potential and pathogen(s) associated with infectious diseases • Formulates patient/herd management or treatment plans for infectious diseases • Educates **stakeholders** to mitigate risks associated with infectious diseases • Escalates reportable diseases to relevant oversight agencies in a timely manner • Monitors for emerging diseases and changes in incidence or prevalence in existing diseases
2.5	**Promotes public and environmental health and safety**	• Practices antimicrobial stewardship • Educates owners regarding safe administration, storage, and disposal of medication and other treatments • Educates owners regarding risks associated with zoonotic diseases • Advises and adheres to published standards and advice related to food safety and withdrawal times • Adheres to rules and provides advice for safe management of animal waste, carcasses, and by-products

3.0 | Communication

Definition: Uses effective strategies to exchange information and to enhance animal care.

#	Competency	Indicator
3.1	**Uses verbal and non-verbal communication effectively**	• Communicates with sensitivity, respect, and empathy • Listens actively to elicit expectations, build trust, and foster exchange of information • Uses and responds to body language appropriately • Gives and receives feedback in a constructive manner
3.2	**Adapts communication approach to the context**	• Identifies learning needs and selects appropriate communication methods and techniques • Uses language appropriate to listener
3.3	**Provides clear and accurate information regarding evaluation and treatment**	• Provides timely and sufficient information to enable owners to clearly understand problems and decisions that must be made • Engages owners in critical conversations regarding financial decisions, quality of life, welfare, and end-of-life care
3.4	**Provides clear and accurate information regarding owners' care of animals**	• Provides instructions, written protocols, or training tailored to specific needs of animal(s) and care providers • Takes steps to facilitate owner understanding of information provided
3.5	**Prepares thorough, accurate, and understandable documentation and written communications**	• Documents medical decisions, inclusive of diagnostic results and the rationale for decisions • Uses professional terminology in medical records • Documents informed consent in medical record • Ensures documentation fulfills professional and legal requirements • Documents communications with owners and others involved in animal care

4.0 | Collaboration

Definition: Works effectively with others to provide intraprofessional– and interprofessional care.

#	Competency	Indicator
4.1	**Promotes an integrated approach to decision making**	• Seeks and acknowledges input from diverse stakeholders as appropriate • Leverages own strengths and strengths of others to achieve shared goals
4.2	**Practices inclusivity and respect for differences**	• Accommodates needs that arise from diversity • Recognizes own biases and their potential impact on one's practice as a veterinarian
4.3	**Works effectively as member of an intraprofessional or interprofessional team**	• Recognizes and respects roles and contributions of other team members • Assumes leadership role as appropriate based on experience, skills, and context • Provides necessary and useful support to team members through supervision, training, or constructive feedback to refine plans of action • Recognizes conflicts when they arise and employs strategies to work toward successful mitigation
4.4	**Ensures continuity of care**	• Communicates clearly with referral, diagnostic, and other professional services • Ensures timely communication of accurate and relevant information to ensure coordination between internal and external stakeholders • Confirms that others can implement care plans

5.0 | Professionalism

Definition: Practices within legal, ethical, and professional standards, engages in ongoing professional development, and monitors the health and well-being of self and colleagues.

#	Competency	Indicator
5.1	**Practices within the scope of a veterinarian-client-patient relationship (VCPR)**	• Establishes and maintains a valid veterinarian-client-patient relationship with each client
5.2	**Provides or directs services in an ethical and professional manner**	• Incorporates ethical considerations into decision-making processes • Applies principles of professional conduct to all aspects of practice • Practices within scope of professional and personal limitations and abilities
5.3	**Complies with legal and regulatory requirements**	• Acts in accordance with all applicable laws and regulations related to veterinary practice within a jurisdiction • Recognizes and reports animal neglect and abuse as required by law • Ensures that medical records are securely stored, retained, and accessible to the owner and veterinarian for the period of time consistent with regulations
5.4	**Attends to own wellbeing and that of others**	• Demonstrates awareness of personal limits and knows how and when to seek support. • Recognizes signs and sources of workplace stress and acts to remedy adverse situations • Recognizes potential impairment in self and others and seeks professional advice and support if needed

5.0 | Professionalism continued...

#	Competency	Indicator
5.5	**Engages in reflective practice**	• Critically evaluates the quality of one's own decision-making and its related impacts • Incorporates constructive feedback to improve performance • Engages in clinical or quality audits or peer review as appropriate
5.6	**Maintains and enhances professional knowledge and skills throughout the career**	• Identify strengths, deficiencies, and limits in one's knowledge and expertise • Undertakes professional development, such as continuing education, to meet identified learning needs • Maintains **standards of practice** through application of new knowledge and skills • Seeks out and applies new knowledge when changing scope of practice

6.0 | Practice Setting

Definition: Acts to safeguard the health and safety of all persons and animals in the practice setting.

#	Competency	Indicator
6.1	**Ensures a safe and healthy work environment**	• Complies with applicable workplace health and safety regulations • Complies with applicable jurisdictional facility accreditation requirements • Complies with applicable laws and regulations regarding management of drugs, biologics, chemicals, and radiation • Implements safety and infection control and waste disposal practices for the practice setting • Implements safe practices for handling hazardous materials and equipment • Implements safe practices for handling animals to reduce risk of injury to people and animals
6.2	**Assumes responsibility for veterinary care given by person(s) working under direction**	• Provides appropriate supervision and training as required by situations • Makes delegation decisions in conformity with scope of practice and regulatory requirements • Ensures that communications of other staff members are thorough, accurate, and timely
6.3	**Contributes to risk management related to the veterinary setting**	• Anticipates, recognizes, and manages risks to animals and people within the scope of the veterinarian's authority • Ensures the quality, safety and integrity of materials, equipment, supplies, and products in the practice setting

7.0 | Progressive Practice

Definition: Evaluates and incorporates evidence and technologies to support and enhance practice.

#	Competency	Indicator
7.1	**Obtains and critically reviews and evaluates relevant scientific and clinical evidence**	• Locates and retrieves scientific and clinical evidence • Critically appraises evidence for validity and applicability
7.2	**Integrates scientific knowledge and professional judgment into clinical decision making and actions**	• Applies current evidence to solve clinical problems and improve practice • Supports recommendations with critically analyzed evidence and accurate explanations
7.3	**Evaluates and utilizes technologies**	• Maintains up-to-date knowledge of relevant technologies • Applies technologies in a safe and effective manner to support and enhance veterinary practice • Uses technologies as needed to meet current minimum standards of practice

APPENDIX A
Glossary of Terms

Biologics – Vaccines, antigens, antitoxins, and other preparations made from living organisms or containing components of living organisms (naturally occurring or genetically engineered) and intended for use in diagnosing, treating, or immunizing animals. REFERENCED ON PAGE 8

Biosecurity Protocols – A set of management and physical measures designed to reduce the risk of introduction, establishment and spread of animal diseases, infections or infestations to, from and within an animal population (World Organisation for Animal Health). These measures should serve to protect not only the animal population, but also the humans that work with the animals. REFERENCED ON PAGE 9

Client – A client is one who is using the services of a veterinarian and may be an owner or an agent or authorised representative for the owner of the animal(s). REFERENCED ON PAGE 13

Diversity – The condition of having or being composed of differing elements and acknowledging group-level differences may relate to race/ethnicity, gender and general identify, sexual orientation, age, nationality, socioeconomic status, language, culture, (dis)ability, religion, spiritual beliefs, military status, etc. REFERENCED ON PAGE 12

Drugs – Any substances or mixtures of substances manufactured, compounded, sold, or represented for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals. REFERENCED ON PAGE 8

Evidence – The critically appraised body of facts, experience, research evidence, or information supporting veterinary decisions. REFERENCED ON PAGE 7

Inclusivity – An approach that focuses on ensuring that everyone's voice be heard, and everyone has a sense of belonging, that is, of "being in the room where it happens." REFERENCED ON PAGE 12

Infectious Diseases – Disorders caused by organisms, such as, bacteria, viruses, fungi, prions, or parasites. Infectious diseases can be transmissible to animals from the environment (e.g., air, food, fomites, and water), via vectors, directly from animal-to-animal (contagious) and from animal-to-person (zoonoses). REFERENCED ON PAGE 10

Interprofessional – Activities occurring between individuals from two or more professions to perform a task or to provide services together. REFERENCED ON PAGE 12

Intraprofessional – Activities occurring within or among a group of professionals from the same profession organized to perform a task or provide services together. REFERENCED ON PAGE 12

Owner – A person who owns the animal(s). REFERENCED ON PAGE 8

Populations – Groups of animals including, but not limited to companion animals, food animals, shelter animals, laboratory animals, and wildlife. REFERENCED ON PAGE 7

Practice Setting – The location at which the veterinarian is practicing veterinary medicine. REFERENCED ON PAGE 15

Professional Development – Continuing veterinary education and career training post-graduation taken in order to maintain competency, improve knowledge and develop new skills. REFERENCED ON PAGE 13

Stakeholders – Parties with an interest or concern relating to an individual animal or population. Stakeholders may include owners of animals (and agents acting as authorized representatives of owners), governments, regulatory agencies, other professions or trades, and members of the public. REFERENCED ON PAGE 10

Standards of Practice – A standard of practice is a broad term which includes both the published and unpublished current standards of a profession. A standard of practice may include a compilation of rules or policies of a regulator, peer reviewed literature, clinical guidelines, and generally accepted expectations of peers. Standards of practice evolve over time. REFERENCED ON PAGE 14

Team – Individuals (veterinarians, colleagues within the profession, technicians, other professionals, support staff) who work together as a group to accomplish a task. REFERENCED ON PAGE 12

Technologies – The collective medical, surgical, information technology, and communication techniques, tools, methods, and equipment/materials used in the provision of veterinary services. REFERENCED ON PAGE 16

Work Environment – The practice setting, social features, and physical conditions in which the practice of veterinary medicine occurs. REFERENCED ON PAGE 15

APPENDIX B
References

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APPENDIX C
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